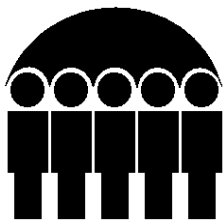


January 23, 2001

Employees' Manual
Title 14
Chapter B(7)

FMAP-RELATED MEDICAID CASE ACTIONS



Iowa
Department
of
Human Services

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OVERVIEW

This chapter is about actions for the Medicaid coverage groups referred to as “FMAP-related,” except for Medically Needy. These FMAP-related coverage groups are:

- ◆ Family medical assistance program (FMAP)
- ◆ People who are ineligible for FMAP:
 - Due to receipt of child support for extended Medicaid
 - Due to increased income from employment (Transitional Medicaid)
 - Due to residence in a medical institution
- ◆ Child medical assistance program (CMAP)
- ◆ Medicaid for independent young adults (MIYA)
- ◆ Mothers and children (MAC) program
- ◆ Residents in a medical institution within the 300% income limit
- ◆ Foster care and subsidized adoption
- ◆ Pregnant or postpartum women
- ◆ Newborn children of Medicaid-eligible mothers

See 8-F, [FMAP-RELATED COVERAGE GROUPS](#), for descriptions of these groups.

The purposes of this chapter are as follows:

- ◆ To provide the worker with instructions on the coding necessary for the Automated Benefit Calculation (ABC) system to process worker-initiated FMAP-related Medicaid case actions;
- ◆ To explain which FMAP-related Medicaid case actions are system-initiated.

Case actions involving alternate delivery of medical services including those for health maintenance organizations (HMOs), the Medicaid Patient Access to Service System (MediPASS), and the Iowa Plan for Behavioral Health, are described in [14-C](#).

Case actions involving the Medically Needy program are described in [14-I\(1\)](#).

The first section of this chapter covers worker-initiated actions. The material is in a chart with three columns. The first column lists the case actions in alphabetical order. The second column lists the screen fields requiring an entry. The third column consists of specific instructions.

The second section of the chapter covers system-initiated actions. In order for the system to perform these actions correctly, it is essential that workers follow all coding instructions and update coding when a change in a case affects system codes, such as aid types.

Other Resources Available

Many systems can provide information for you to consider before creating FMAP-related case actions on ABC. The ABC system may interface with these systems directly or indirectly, or may allow access between systems and ABC. Access to additional systems may be provided through CICS or by using the Intranet.

The ABC system creates links to some of the systems data screens through the IOWA ABC SYSTEM MENU (TD00) or the LINK MENU. The TD00 menu screen allows access to data from the Iowa Central Employment Registry (ICER) by the option BINC=Beginning Income Screen or from the IVER menu.

See 14-B(4), [IABC SCREENS](#), for a description of these screens.

The LINK MENU allows access to other systems. Options displayed on LINK that you may consider viewing for FMAP-related case actions are:

- ◆ SSNI, Medicaid Eligibility File. See 14-C, [SSNI=MEDICAID ELIGIBILITY FILE](#).
- ◆ IEVS, Income Eligibility Verification System. See 14-G, [EXCHANGE OF DATA WITH OTHER AGENCIES](#).
- ◆ SDXD, State Data Exchange. See 14-E, [SSI STATE DATA EXCHANGE](#).
- ◆ ICAR, Child Support Recovery. See also XIV-D, [IOWA COLLECTION AND REPORTING SYSTEM](#).
- ◆ SSBI, Buy-In Information. See 14-C, [SSBI=BUY-IN SYSTEM](#).
- ◆ OVPY, Overpayment Recoupment. See also 6-G, [OVERPAYMENT RECOVERY SYSTEM](#).

The CICS system allows viewing access to Iowa Workforce Development (IWD) screens. Access to the Eligibility Tracking System (ETS), the Change Reporting System, and Vehicle Registration and Titling (VRT) screens is available through the DHS Intranet.

Eligibility Determination

Workers must determine the nonfinancial eligibility factors (such as pregnancy and residency) for all FMAP-related Medicaid programs. Medicaid financial eligibility is system-calculated, except for the following:

- ◆ Automatic redetermination
- ◆ Medically Needy
- ◆ Retroactive eligibility for MAC

BCW entries are not allowed for these three types of financial eligibility determinations. The worker must determine the Medicaid income and resource eligibility for these programs before making entries to approve or deny the program on the ABC system.

Referral to Child Support Recovery Unit (CSRU)

FMAP-related Medicaid aid types where referral to CSRU is applicable are:

30-8	37-E	37-0	37-2
37-7	39-0	40-9	92-0

FMAP-related Medicaid cases in these aid types require entries to:

- ◆ Record the IM worker's decisions on whether referral to CSRU is necessary, and
- ◆ Generate system action for referrals.

At a minimum, these entries include:

- ◆ Birth date, state of birth (for a child), relationship, documentation for citizenship and identity, deprivation, paternity, race, and ethnicity coding on TD03.
- ◆ REFER and ROLE coding on the ICSC screen.
- ◆ REFER coding on ICAR system.

OVERVIEW**Referral to Health Insurance Premium Payment (HIPP) Unit**

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions**Referral to the Health Insurance Premium Payment (HIPP) Unit**

HIPP referral is applicable when an adult has earned income (excluding self-employment).

Time Limits

The Medicaid eligibility file (SSNI screens) shows data two years back from the current system month. ELVS (the audio-response eligibility verification system) has data six months back.

WORKER-INITIATED ACTIONS

When instructions for TD03 read “Complete any needed demographic information,” check the following screen fields and make entries if applicable: (See 14-B-Appendix, [TD03](#).)

STATE ID	US	H W B A I N	FACS
FIRST NAME	ID	MN	UNB
LAST NAME	MAR	ID GEN	UNB/DUE
TI	REL	RB	NWBN
BIRTH	DEP	SSN	QMB
ST	PAT	SSN CLAIM NO	POV
SEX	OHP	MP	COPAY
DSTR	EDU	WVR	SCR
PER	HAND	SRV	HEALTH
CIT	QLFY	COS	

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change	TD01 ENT RSN	Enter H.
	TD01 AID MED AID	Enter the correct code using priorities listed in Aid Type Priority . For valid aid types, see 14-B-Appendix, TD01 AID and MED AID .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Aid Type Change (Cont.)	TD01 AID CHG DT MED CHG DT	Enter the first day of the next system month.
		Some worker-initiated aid type changes require additional entries. Worker coding of a Transitional Medicaid aid type requires a corresponding TD05 POS DT entry and BCW1 EXT MED entry.
		Change aid types with form 470-0397, <i>Request for Special Update</i> , for previous Medicaid eligibility only if the client is being provided with <u>more</u> Medicaid eligibility than with the previous aid type. Example:
		The client gets “more” eligibility if the aid type was Medically Needy with an <u>unmet</u> spenddown, and a non-Medically Needy coverage group is found for that period.
		Otherwise, retroactive changing of aid types has no reliable effect on Medicaid eligibility or funding.
Aid Type Priority	TD01 AID MED AID	If more than one program is pended or approved on the same ABC case, enter the aid type that corresponds to the program with the highest priority here: Priority: Program: 1st FIP, facility, State Supplementary Assistance 2nd Medicaid 3rd Food Assistance

WORKER-INITIATED ACTIONS**Adding a Person to a Case for an Active Program**

Revised July 11, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program		<p>If adding a person to a case will cause the number of people associated with that case to be more than 16, close the original FBU and open a new FBU with only the active current and new household members.</p> <p>If there are more than 16 active members, contact DHS SPIRS Help Desk for assistance.</p> <p>Income and deductions displayed follow the state ID number (even from another case), unless they are removed or replaced.</p> <p>When adding a person to an active program, remember to review the program data (TD01, TD05, RSCM, and ICSC), to see if changes are needed.</p> <p>If changing the codes will cause a recalculation of current month's eligibility, make the TD05 and RSCM changes in one step. Make the rest of the entries in this case action in a second step.</p> <p>To add a newborn child to a case, see Newborn Children of Medicaid-Eligible Mothers for coding. See Postpartum Period for additional coding for the mother of the newborn.</p> <p>Do not add a person to Medicaid at the same time you make entries to cancel another person on the case from Medicaid.</p> <p>Note: People cannot be pended on the individual line for a program that is currently active.</p> <p>See Making a Considered Person Active on an Ongoing Case for additional instructions.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03	Enter the data for the new person, including state ID information, any needed demographic information, and any codes applicable to the FMAP-related program. See 14-B-Appendix, TD03 , for valid codes. Enter information on people who are not eligible but who are considered.
	TD03 ENTRY RSN	Enter A, E or C. Use C when adding a continuously eligible child.
	TD03 STATE ID	Enter the person's state ID number. Assign an ID number, if necessary. See State ID Numbers: Assigning State IDs .
	TD03 FIRST NAME	Enter the person's first name. See 14-B-Appendix, TD03 FIRST NAME . Do not include punctuation.
	TD03 LAST NAME	Enter the person's last name. See 14-B-Appendix, TD03 LAST NAME . Do not enter punctuation or leave spaces in the name.
	TD03 TI	Enter the person's title. See 14-B-Appendix, TD03 TI . Do not include punctuation.
	TD03 BIRTH	Enter the person's eight-digit date of birth. Enter in MMDDCCYY format.
	TD03 ST	For children only, enter the two-letter abbreviation for the state where the child was born. See 14-B-Appendix, TD03 ST .
	TD03 SEX	Enter F or M.
	TD03 PER	Enter the person number that indicates the person's case identification. For codes, see 14-B-Appendix, TD03 PER .

WORKER-INITIATED ACTIONS**Adding a Person to a Case for an Active Program**

Revised July 11, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 CIT	Enter the code that identifies the person's citizenship. See the field help screen or 14-B-Appendix, TD03 CIT .
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 MAR	Enter the code that identifies the person's marital status. See the field help screen or 14-B-Appendix, TD03 MAR .
	TD03 REL	Enter the code that identifies the person's relationship to the case name. See the field help screen or 14-B-Appendix, TD03 REL .
	TD03 DEP	For children, enter the code that identifies the child's deprivation factor. See 14-B-Appendix, TD03 DEP .
	TD03 PAT	For children, indicate whether paternity has been established. Codes are: Y Yes N No
	TD03 OHP	If applicable, enter the code for: ♦ The type of living situation in which the person has been placed, or ♦ A referral to vocational rehabilitation. See 14-B-Appendix, TD03 OHP .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 EDU	Enter the code that identifies the person's educational background. See the field help screen or 14-B-Appendix, TD03 EDU .
	TD03 HAND	Enter the codes that identify the person's handicap or that there is no handicap. You can report up to three different handicaps for each person. See 14-B-Appendix, TD03 HAND .
	TD03 H TD03 W TD03 B TD03 A TD03 I TD03 N	Enter a "Y" in the field for each race and ethnicity chosen by the client. For field explanations, see the field help screen or 14-B-Appendix, TD03 H W B A I N .
	TD03 RB	An entry is required if the person's social security number (SSN) is all zeros, either: Y Due to religious beliefs, or N Not due to religious beliefs.
	TD03 SSN	Enter the person's social security number. If the person does not have a social security number but has applied for one, enter all nines. Enter all zeros only when an application for a number has not been made or is not required. Railroad Retirement claim numbers begin with the first space of the field and continue into the SSN CLAIM NO field.
	TD03 SSN CLAIM NO	See 14-B-Appendix, TD03 SSN and TD03 SSN CLAIM NO , for instructions.
	TD03 MP	For a Medicare-eligible person, indicate if the person is paying a Medicare premium: Y Yes N No

WORKER-INITIATED ACTIONS**Adding a Person to a Case for an Active Program**

Revised July 11, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	TD03 SRV	When the state begins to pay the premium, the buy-in process changes the code. If applicable, enter the code that indicates enhanced services or limited medical services for aliens. (See Emergency Medical Services for Aliens .) For codes, see 14-B-Appendix, TD03 SRV .
	TD03 COS	For people receiving enhanced services, enter the two-digit number for the county of legal settlement.
	TD03 INHOME	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED RSN	Enter a notice reason for each person, whether eligible or denied. Do not enter a code for considered people. See 14-B-Appendix, NOTICE CODES . Enter 933 when adding eligible people, but not for considered people or newborns. Enter 915 for an ineligible stepparent or needy relative.
	TD03 MED ST	Enter A or C. Use C when adding a continuously eligible child.
	TD03 MED DATE	For cases in ABC-calculated Medicaid aid types, the start date can be no earlier than the first day of the second prior system month. Do not add a person with a date earlier than the last program positive date.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)		If a considered person is changed to an eligible person, enter the start date in TD03, MED DATE field.
	TD03 FUND	The fund code is required for all Medicaid eligible or considered people. You must enter a code unless the correct fund code already appears on the master screen. See 14-B-Appendix, TD03 FUND , for codes.
	TD03 UNB	Enter the unborn code for any pregnant woman on initial and subsequent approvals. For codes, see 14-B-Appendix, TD03 UNB .
	TD03 UNB/DUE	Enter the due date for the unborn child.
	TD03 NWBN	If applicable, enter a code for each child. See 14-B-Appendix, TD03 NWBN .
	TD03 POV	If appropriate, enter the percentage of poverty level. See 14-B-Appendix, TD03 POV , for the list of aid types that do not require a poverty level entry.
	TD03 COPAY	If applicable, enter the code describing the person's situation. See 14-B-Appendix, TD03 COPAY , for valid codes.
	TD03 SCR	Enter the code that corresponds with a person's medical screening status. See 14-B-Appendix, TD03 SCR .
	TD03 HEALTH	Enter the applicable code if supplemental coverage is Medicare. For codes, see 14-B-Appendix, TD03 HEALTH .
	TD03 PF 06 = REF MENU	If applicable, make referral to HIPP.
	ICSC	If appropriate, make referrals to CSRU. See 14-D(1), ICAR/IABC REFERRAL .

WORKER-INITIATED ACTIONS**Adding a Person to a Case for an Active Program**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	BCW2	<p>If the new person has income, and this is a program with an ABC Medicaid calculation, complete BCW2s when activating the person. Enter income for each month in the application period for which income is present. Do not enter income for months earlier than the added person's start date.</p> <p>Medicaid can be backdated in a second step. Once the action to add a person has updated to an active status, you may change the TD03 MED DATE to an earlier date, if you have manually determined eligibility from that earlier date continuously to the displayed start date.</p> <p>See Changing Medicaid Start Date, for instructions on how to backdate Medicaid, if appropriate. Note: See Newborn Children of Medicaid-Eligible Mothers for backdating Medicaid for a newborn.</p> <p>However, if the earlier eligibility was not continuous, send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance specifying which months are to be updated as eligible months.</p> <p>A Worker Action Report is generated for each ineligible or adverse ABC-calculated result relating to adding a person.</p>
	BCW2 CASE; PREP WKR; PREP DT; SEQ; CO/WKR; OVERRIDE; STATUS	These fields are system-generated.
	BCW2 ENTRY RSN	<p>Enter the code for the case action:</p> <p>G Change with timely notice H Immediate release</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	BCW2 BENEFIT MO	Enter the month associated with the medical income and deductions, in MMY format.
	BCW2 THRU MO	To generate multiple identical BCW2s, enter the last month in the date range.
	BCW2 PI	Enter C.
	BCW2 E/B	Enter the code that indicates how the income or deductions are to be used. Valid codes are: E Eligibility A All
	BCW2 EARNED 1-5	Enter any earned income amounts.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employment income, if applicable.
	BCW2 SR	Enter code "1" if self-employment.
	BCW2 CHILD CARE	Enter the actual monthly amount for child or adult care, up to the maximum allowed.
	BCW2 UNEARNED 1-4	Enter any unearned income amounts.
	BCW2 OTHER UI	If applicable, enter unearned income amount. Enter the prorated amount of the nonrecurring lump sum income.
	BCW2 SR (1-4)	If applicable, enter the unearned income source code. For the prorated amount of nonrecurring lump-sum income, use "X." See 14-B-Appendix, BCW2 SR for codes.
	BCW2 DEDUCT 1	For a stepparent or responsible person (status code "H"), enter the amount of support paid for dependents outside the home, if applicable.

WORKER-INITIATED ACTIONS**Adding a Person to a Case for an Active Program**

Revised July 11, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Adding a Person to a Case for an Active Program (Cont.)	BCW2 DEDUCT 2 BCW2 P DED NEED BCW2 P DED PAY	<p>For a stepparent or responsible person (status code “H”), enter the amount of the needs of the stepparent or self-supporting parent of a minor unmarried parent and of ineligible children in the stepparent’s or self-supporting parent’s unit, if applicable.</p> <p>If applicable, enter the amount to be deducted from the parent’s income for the standard of need test. (Note: This field is not applicable for MAC cases.) The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home. <p>Enter the amount to be deducted from the parent’s income for the Payment Standard Test. The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home.
Applications Processed for FMAP Children When Adults Don’t Appear for an Interview	TD05 MED ENTRY RSN TD05 RSN1 or RSN2	<p>Enter R.</p> <p>Enter notice reason 498.</p>
Approving an Application	TD01	<p>If this is a new case, see Case Numbering and Aid Type Priority for information.</p> <p>See Sanctions, Excluded Persons, or Ineligible Aliens for specialized case actions.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		If this is not a new case but was not previously pended, enter changes to the existing case in the applicable fields.
		If the case was previously pended, do not reenter the MED APP DT.
		The MED status rolls to any person previously coded pending for FMAP-related Medicaid on TD03.
	TD01 ENT RSN	Enter A or H.
	TD01 CO/WKR	Enter the two-digit county number. Enter the four-character worker number. For more information, see 14-B-Appendix, TD01 CO and TD01 WKR .
	TD01 INFO	Enter information pertaining to the case.
	TD01 ENT RSN	Enter A.
	TD01 AID	Enter a valid aid type. See Aid Type Priority and 14-B-Appendix, TD01 AID and TD01 MED AID , for codes.
	TD01 MED AID	
	TD01 AID CHG DT	If the AID or MED AID field is changed, enter the date in MMDDYY format. The day is always 01.
	TD01 MED CHG DT	
	TD01 CO RES	Enter the two-digit number for the county where the applicant resides.
	TD01 PHONE	Enter the three-digit area code and the seven-digit phone number.
	TD01 SCHOOL	Enter the code that identifies the school district in which the assistance unit lives. See 14-B-Appendix, TD01 SCHOOL .
	TD01 EN RSN	Enter A.

WORKER-INITIATED ACTIONS
Approving an Application
Revised July 11, 2008

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD01 CASE: LAST	Enter the case last name or let the system enter it from the CNID entry. Do not include punctuation or leave spaces. See 14-B-Appendix, TD01 CASE: LAST .
	TD01 CASE: FIRST	Enter the case first name or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: FIRST .
	TD01 CASE: INIT	Enter the case name person's middle initial. Do not include punctuation. See 14-B-Appendix, TD01 CASE: INIT .
	TD01 CASE: TITLE	If applicable, enter the title abbreviation, or let the system enter it from the CNID entry. Do not include punctuation. See 14-B-Appendix, TD01 CASE: TITLE .
	TD01 PAYEE/ADDR	Enter the name of the person to whom the payment is made on the household's behalf. Do not include punctuation
	TD01 PAYEE/MOD	If required for the application, enter the payee modifier code. See 14-B-Appendix, TD01 PAYEE/MOD . If the payee modifier code is displayed on the screen and is no longer valid, remove data. (See Removing Data .)
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD01 ADDRESS1	If the PAYEE/MOD field is used, enter the CASE NAME. If the PAYEE/MOD is not used, enter the first line of the client's address. Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS1 .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD01 ADDRESS2	Enter the street address. Do not include punctuation. See 14-B-Appendix, TD01 ADDRESS2 .
	TD01 CITY	Enter the name of the city. Do not include punctuation.
	TD01 STATE	Enter the abbreviation for the state.
	TD01 ZIP	Enter the five-digit zip code.
	TD05 MED	Complete these fields if the case was not previously pended. If the case was previously pended, you don't need to reenter the MED APP DT. The MED STATUS rolls to any person previously coded pending for Medicaid on TD03. See Responsible Relatives for information. Complete all other coding on TD05 and TD03 for FMAP-related Medicaid. See 14-B-Appendix, TD05 MED and TD03 , for valid codes.
	TD05 MED ENTRY RSN	Enter A. Enter a C when opening a case for a continuously eligible child.
	TD05 MED STATUS	Enter A. Enter a C when opening a case for a continuously eligible child.
	TD05 MED APP DT	Enter the date that the FMAP-related initial application or reapplication was received in the local office, in MMDDYY format. (Must be a current or prior date.)
	TD05 MED POS DT	Enter the date that the applicant becomes eligible for FMAP-related Medicaid, in MMDDYY format.

WORKER-INITIATED ACTIONS**Approving an Application**

Revised December 28, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD05 MED AD	Enter the code that indicates the timeliness of any approved medical application. Entry is required when entering an "A" MED STATUS. If the application is untimely, enter the reason for the processing delay. If the application is processed timely, use code "A."
	TD05 MED MR	Enter N.
	RSCM	For IV-E Medicaid, enter countable resources on a maximum of four of the RSCM screens for ABC-calculated cases. Make entries for all months from the POS DT month through the system "next" month. The system "next" month must be no more than "month 4."
	RSCM MED RESOURCES	Manually determine income and resource eligibility for months earlier than "month 1" and adjust the APP DT and POS DT. Enter RSCM screens from the month of the MED positive date forward. The months entered must include the next system month. They cannot be further in the future than the next system month.
	RSCM BENEFIT MONTH	Select the applicable RSCM screen by entering the month. Use MMY format.
	RSCM CASH ON HAND CHECKING ACCT SAVINGS ACCT STOCKS/BONDS/ CERTIFICATES REAL ESTATE COUNTABLE VEHICLE AMT LIFE INSURANCE CONTRACTS TOOLS OTHER	Enter the countable amount for each specific type of resource listed. If the countable resources are zero, enter zeroes in the fields for at least one of the types.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	RSCM APPLICANT/ PARTICIPANT OVERRIDE	Enter a code to change the decision the system makes on which resource limit to use. Valid codes are: A Applicant P Participant
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 for valid codes. Complete all TD03 coding applicable to FMAP-related Medicaid.
	TD03 ENTRY RSN	Enter A. Enter C for continuously eligible person.
	TD03 STATE ID	Enter the person's state ID number. Assign an ID number if necessary. See State ID Numbers: Assigning State Ids.
	TD03 FIRST NAME	Enter the person's first name. Do not include punctuation. See 14-B-Appendix, TD03 FIRST NAME.
	TD03 LAST NAME	Enter the person's last name. Do not enter punctuation or leave spaces in the name. See 14-B-Appendix, TD03 LAST NAME.
	TD03 TI	Enter the person's title. Do not include punctuation. See 14-B-Appendix, TD03 TI.
	TD03 BIRTH	Enter the person's eight-digit date of birth (MMDDCCYY format).
	TD03 ST	Complete this field for children only. Enter the two-letter abbreviation for the state in which the child was born. See 14-B-Appendix, TD03 ST.
	TD03 SEX	Enter "F" for female or "M" for male.

WORKER-INITIATED ACTIONS**Approving an Application**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 PER	Enter the person number for the person's case identification. See 14-B-Appendix, TD03 PER , for valid codes.
	TD03 CIT	Enter the code that identifies the person's citizenship. See the field help screen or 14-B-Appendix, TD03 CIT .
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 MAR	Enter the code that identifies the person's marital status. See 14-B-Appendix, TD03 MAR .
	TD03 REL	Enter the code that identifies the person's relationship to the case name. See the field help screen or 14-B-Appendix, TD03 REL .
	TD03 DEP	If applicable, enter the code that identifies the child's deprivation factor. See 14-B-Appendix, TD03 DEP .
	TD03 PAT	For children, enter a code to identify whether paternity has been established. Valid codes are: Y Yes N No

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 OHP	If applicable, enter the code for the type of living situation, or enter “V” to make a referral to vocational rehabilitation. See 14-B-Appendix, TD03 OHP .
	TD03 HAND	Enter the codes that identify the person’s handicap. You can report up to three different handicaps for each person. See 14-B-Appendix, TD03 HAND .
	TD03 H TD03 W TD03 B TD03 A TD03 I TD03 N	Enter a “Y” in the field for each race and ethnicity chosen by the client. For field explanations, see the field help screen or 14-B-Appendix, TD03 H W B A I N .
	TD03 RB	An entry is required if the person’s social security number (SSN) is all zeros, either: Y Due to religious beliefs, or N Not due to religious beliefs.
	TD03 SSN	Enter the person’s nine-digit social security number. If the person does not have a social security number but has applied for one, enter all nines. Enter all zeros only when application has not been made or is not required.
	TD03 SSN CLAIM NO	Railroad Retirement claim numbers begin with the first space of the field and continue into the SSN CLAIM NO field. For instructions, see 14-B-Appendix, TD03 SSN CLAIM NO .
	TD03 MP	If the person is eligible for Medicare, enter the code that tells whether the person is paying a Medicare premium. When the state begins to pay the premium, the buy-in process changes the code. Codes are: Y Yes N No

WORKER-INITIATED ACTIONS**Approving an Application**

Revised April 22, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 SRV	If applicable, enter the code that indicates enhanced services or limited medical services for aliens. See 14-B-Appendix, TD03 SRV . For further instructions, see Emergency Medical Services for Aliens .
	TD03 COS	For people receiving enhanced services, enter the two-digit number for the county of legal settlement.
	TD03 INHOME	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED ST	<p>If the program was not pended before approval, enter the status for:</p> <ul style="list-style-type: none"> ◆ Each person included in the FMAP-related Medicaid approval. ◆ Each ineligible person whose income is considered for the program. ◆ Any person being denied. ◆ Any excluded person. (Enter F.) ◆ Any sanctioned person. (Enter I.) <p>See 14-B-Appendix, TD03 MED ST, for valid codes.</p> <p>Denials may be recorded for individuals on TD03 when FMAP-related Medicaid is approved for other individuals.</p> <p>However, do not enter retroactive Medicaid approval on TD05 and deny an individual on TD03 in the same day's entries. First, approve the program and deny the person.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)		Enter the retroactive Medicaid eligibility after the approval/denial is updated to ABC, following instructions at Retroactive Medicaid Eligibility for an ongoing case later in this chapter.
	TD03 MED RSN	Enter notice reasons for any FMAP-related Medicaid denials of individuals. See 14-B-Appendix, NOTICE CODES . The system-generated program approval covers all individuals approved.
	TD03 FUND	The fund code must be entered, unless the correct fund code already appears on the master. Note: Enter 'S' for excluded or sanctioned persons and ineligible aliens. See Excluded Persons , Ineligible Aliens , or Sanctions for specialized case actions for these people. See 14-B-Appendix, TD03 FUND , for valid codes.
	TD03 MED DIS	For sanctioned individuals, enter 00.
	TD03 UNB	Enter the unborn code for any pregnant woman on initial and subsequent approvals. Use the number of unborn children that should be considered in the household size. See 14-B-Appendix, TD03 UNB .
	TD03 UNB/DUE	Enter the due date for the unborn child.
	TD03 NWBN	If applicable, enter a code for each child. See 14-B-Appendix, TD03 NWBN .
	TD03 POV	If applicable, enter the percentage of poverty level. For the list of aid types that do not require a poverty level entry, see 14-B-Appendix, TD03 POV .
	TD03 COPAY	If applicable, enter the code that indicates the person's situation. For codes, see 14-B-Appendix, TD03 COPAY .

WORKER-INITIATED ACTIONS**Approving an Application**

Revised November 3, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	TD03 SCR	Enter the code that corresponds with a person's medical screening status. See 14-B-Appendix, TD03 SCR .
	TD03 HEALTH	Enter code for the applicable supplemental coverage. For list of valid codes, see 14-B-Appendix, TD03 HEALTH .
	TD03 PF 06 = REF MENU	Check to see if a referral to HIPP is needed.
	ICSC	If appropriate, make referrals to CSRU. See 14-D(1), ICAR/IABC REFERRAL .
	BCW2	If any person in or considered for the eligible group has income, make BCW2 entries for each month, if the program is one with ABC Medicaid calculation. Enter "C" in the program indicator field. Enter "A" or "E" in the E/B fields. See Entering Income for more information. On ABC-calculated programs, the system completes the eligibility determination. If the system determines program ineligibility, it overrides the worker's status entry and generates a notice.
	BCW2 CASE, PREP WKR, PREP DT, SEQ, CO/WKR, OVERRIDE, STATUS	System-generated.
	BCW2 STATE ID	Enter the state identification number of the person who has income.
	BCW2 ENTRY RSN	Enter H.
	BCW2 BENEFIT MO	Enter the month associated with the FMAP-related Medicaid income and deductions, in MMY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	BCW2 PI	Enter C.
	BCW2 E/B	Enter the code that indicates how the income or deductions are to be used: E Eligibility A All
	BCW2 EARNED 1-5	Enter the earned income amounts.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employment income.
	BCW2 SR	Enter code “1” for self-employed.
	BCW2 UNEARNED 1-4	Enter unearned income amounts.
	BCW2 OTHER UI	Enter unearned income amounts.
	BCW2 SR (1-4)	Enter unearned income source code. See 14-B-Appendix, BCW2 SR(1-4) .
	BCW2 DEDUCT 1	Enter the amount of support paid for dependents outside the home. The amount is deducted only for people with status code “H.”
	BCW2 DEDUCT 2	Enter the amount of the needs of the ineligible stepparent or self-supporting parents in minor parent cases. The amount is deducted only for people with status code “H.”
	BCW2 P DED NEED	Enter the amount to be deducted from the parent’s income for the Standard of Need Test. Note: The field is not applicable for MAC cases. The amount must be for: <ul style="list-style-type: none">◆ Needs of the ineligible parent and ineligible children, or◆ Court-ordered support paid for dependents outside of the home.

WORKER-INITIATED ACTIONS**Approving an Application**

January 23, 2001

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving an Application (Cont.)	BCW2 P DED PAY	<p>Enter the amount to be deducted from the parent's income for the Benefit Standard Test. The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside of the home. <p>See Retroactive Medicaid Eligibility if the application includes retroactive Medicaid.</p> <p>See Transitional Medicaid for additional BCW2 entries to approve or reopen the program for transitional Medicaid.</p>
Worker-Determined Eligibility		<p>These instructions are not to be used for retroactive Medicaid eligibility. See Retroactive Medicaid Eligibility.</p>
Prior Eligibility Only	TD05 RSN2	<p>If there is no case record (case number and state ID) or Medicaid record on SSNI, process a current Medicaid denial using "000" in the notice reason field.</p> <p>Then send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance specifying which months are to be updated as eligible months.</p> <p>If there is a case record (with a case number and a state ID) and a Medicaid record on SSNI send form 470-0397, <i>Request for Special Update</i>, to Quality Assurance specifying which months are to be updated as eligible months.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Medicaid Start Date		Policy allows a start date for Medicaid to be changed to an earlier date. Example:
		A mother is eligible for the month or months before the birth of her baby, and both are approved at the same time. The mother's eligibility can be backdated after the ongoing eligibility is approved.
		<p>If you are changing the Medicaid start date to an earlier date (retroactive month), you need to determine:</p> <ul style="list-style-type: none"> ◆ If the person is Medicaid-eligible for all the retroactive months, and ◆ If the MED AID type is correct for the retroactive months. <p>If not, use form 470-0397, <i>Request for Special Update</i>, to update the earlier months.</p> <p>Issue a manual <i>Notice of Decision</i>.</p>
		<p>TD03 ENTRY RSN</p> <p>Enter "H" on the person whose Medicaid is to be backdated.</p>
	TD03 MED DATE	Enter the date of eligibility. This will always be a prior month's date.
	TD03 FUND	Enter the applicable code. For valid codes, see 14-B-Appendix, TD03 FUND .

WORKER-INITIATED ACTIONS**Assigning RRED Due Dates**

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning RRED Due Dates		<p>When programs are active at ABC cutoff, the ABC system generates a RRED for the annual review and assigns the due date.</p> <p>Annual-review RREDs are automatically generated at the end of the month before the next review date. The system prints the applicable messages on the RRED.</p>
Reinstatement		<p>When reinstatements are done after cutoff through the last working day of the calendar month, a RRED is generated with the in-cycle due date printed on it.</p> <p>When reinstatements are done from the first of the new calendar month through MRTL cutoff, a worker-tracked RRED must be generated with a due date of the process date plus seven.</p> <p>Reinstatements done after MRTL cutoff require a worker-determined due date.</p> <p>When you need to generate a RRED, on-demand coding is as follows:</p>
Regular Cycle Date	TD01 ENT RSN	Enter code H.
	TD01 MR DEMAND 1 OR 2 MO	Enter the month for which the RRED would have been mailed. This cannot be a future month.
	TD01 MR DEMAND 1 OR 2 CD	Enter the code for the type of RRED requested. See 14-B-Appendix, TD01 MR DEMAND1 or 2 CD .
	TD01 MR DEMAND 1 OR 2 CYC	Enter code C.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Worker-Determined Date		<p>When you must determine and enter the due date, consider these factors:</p> <ul style="list-style-type: none"> ◆ The policies on assignment of due dates ◆ The date you do the entry ◆ The fact that the RRED mailing will occur no earlier than the next working day after entry <p>Worker coding for on-demand RREDs produces a fatal error if the due month is a prior month. If an out-of-cycle RRED due date is entered, but the RRED is mailed in cycle, the system corrects the due date.</p>
	TD01 ENT RSN	Enter code H.
	TD01 MR DEMAND 1 OR 2 MO	Enter the month for which the RRED would have been mailed. This cannot be a future month.
	TD01 MR DEMAND 1 OR 2 CD	Enter the code for the type of RRED requested. See 14-B-Appendix, TD01 MR DEMAND1 or 2 CD .
	TD01 MR DEMAND 1 OR 2 DT	<p>Enter the date the RRED is due from the household.</p> <p>You must track RREDs with out-of-cycle due dates for timely return from the client. You can use ticklers to track RRED due dates. See 14-B(4), LF01, for information on entering ticklers.</p>

WORKER-INITIATED ACTIONS**Automatic Redetermination**

Revised May 29, 2001

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automatic Redetermination		<p>These instructions apply only when:</p> <ul style="list-style-type: none"> ◆ Information causing ineligibility is received after the tenth of the month and ◆ Eligibility under another coverage group has not been established before the effective date of cancellation of the current coverage group. <p>If eligibility under another coverage group is known, place the case in that AID and MED AID type immediately.</p>
	TD01 ENT RSN	Enter H.
	TD01 AID	Enter 38-0.
	TD01 MED AID	Enter 38-0.
	TD01 AID CHG DT	Enter the first day of the next system month.
	TD01 MED CHG DT	Enter the first day of the next system month.
	TD01 CNID	Enter the state ID number of the “case name” person if it is missing or inaccurate. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix TD01 CNID .
	TD05 ENTRY RSN	If the program was canceled, enter B to reinstate or C to reopen.
	TD05 MED STATUS	Enter B or C.
	TD05 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Automatic Redetermination (Cont.)	TD05 MED POS DT	If the MED STATUS code is C, enter the first day of the month the program is reopened, in MMDDYY format.
	TD05	Update any applicable fields for the status of the program.
	TD03 ENTRY RSN	If the program was canceled, enter B to reinstate or C to reopen.
	TD03 MED ST	Enter B or C.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter a valid fund code. See 14-B-Appendix, TD03 FUND .
	TD03	Update any codes required to reflect any changes.
	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter eligible number of months.
Canceling Ongoing Eligibility		
Program	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter the applicable code. Do not use reason 613 (... of reported death).
Due to Death		
Program	TD05 MED ENTRY RSN	Enter M.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 613.

WORKER-INITIATED ACTIONS
Canceling Ongoing Eligibility
Revised February 23, 2007

Iowa Department of Human Services
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ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Program (Cont.) Individual	TD05 MED DATE	<p>Enter the date of death. If the person is associated with more than one case, the system:</p> <ul style="list-style-type: none"> ◆ Removes the person from all cases with the person in an active status. ◆ Recalculates benefits. ◆ Sends notices, when appropriate. <p>Message 970 is issued to you when the person was on more than one case.</p> <p>Note: If the case consists of one person, you can use the program entries only.</p>
	TD03 ENTRY RSN	Enter M.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter 613.
	TD03 MED DATE	<p>Enter the date of death. The system recalculates benefits and sends a notice when appropriate.</p> <p>If the person was also active on the same case number for FIP or Food Assistance, also make these entries.</p> <p><u>For FIP</u></p>
	TD03 FIP ST	Enter N.
	TD03 FIP RSN	Enter 613.
		<u>For Food Assistance</u>
	TD03 FOOD ASSISTANCE ST	Enter N.
	TD03 FOOD ASSISTANCE RSN	Enter 613.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Individual (Cont.)	TD01	If the death makes the others on the case ineligible for Medicaid, close the program in a second step.
	TD01	If the case remains open for another program and the deceased person's state ID number was in the TD01 CNID field, a new case name ID is required.
	TD01 ENTRY RSN	Enter H.
	TD01 CASE: LAST and FIRST	Enter the new case name.
	TD01 CNID	Enter the state ID number of the "case name" person. This entry will update the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
Due to Failure to File Out-of-Cycle RRED		
Worker- Generated System Notice	TD05 MED ENTRY RSN	Enter N if Medicaid is to be canceled for failure to file a complete RRED.
	TD05 MED STATUS	Enter N if Medicaid is to be canceled for failure to file a complete RRED.
	TD05 MED RSN2	Enter 114 when FMAP-related Medicaid benefits are to be canceled.
		If a RRED was manually tracked, manually prepare a <i>Notice of Cancellation</i> .
Worker-Prepared Notice	TD05 MED ENTRY RSN	Enter H.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 000. Do not check boxes for incomplete reports on form 470-1968, <i>Notice of Cancellation</i> , when it is issued for failure to return the RRED.

WORKER-INITIATED ACTIONS
Canceling Ongoing Eligibility
Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Individuals	TD01	Do not cancel individuals from Medicaid at the same time you make entries to add other individuals to Medicaid on the case. Note: See Sanctions or Excluded Persons for specialized case actions.
	TD01	If the person's state ID number was the case name ID on TD01's CNID field, a new case name ID is required.
	TD01 ENTRY RSN	Enter H.
	TD01 CNID	Enter the state ID number of the "case name" person. Entry in this field will update the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter G or H.
	TD03 MED ST	Enter N. See Sanctions or Excluded Persons for specialized case actions.
	TD03 MED RSN	Enter code for notice. See 14-B-Appendix, NOTICE CODES .
Issuing Another Notice Regarding New Information		Use these instructions when a case has been canceled for one reason but ineligibility exists for another reason, and you can give timely notice of the new reason for cancellation.
	TD05 MED ENTRY RSN	Enter "R" (send notice only). When "R" is used, no other entries are allowed on that case in that day's processing.
	TD05 MED RSN1	Enter 171.
	TD05 MED RSN2	Enter the applicable code. See 14-B-Appendix, NOTICE CODES .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Assigning Case Numbers (Cont.)		<p>Use FBU 21 when a case started with a <i>hawk-i</i> application.</p> <p>On a new case, the entry reasons must all be “A,” except in the following situations:</p> <ul style="list-style-type: none"> ◆ On TD01, the system changes a new case’s entry reason to “A” if another valid code is entered. ◆ On worker-determined Medicaid eligibility, entry reason “E” is allowed on TD05 and TD03. <p>Enter the worker number of the person making the entries. PREP WORKER needs to be entered only on a new case.</p> <p>Depending on the action being taken, see Pending an Application, Approving an Application, or Denying an Application, to complete the case coding.</p>
Establishing FBUs	TD01 PREP WKR	<p>It may be necessary to establish a separate case for various eligible groups in a household.</p> <p>The FBU portion of an existing case number can be changed to assign a case number that is identical to the first six-digits of the other cases for the household.</p> <p>There is no connection between cases with the same first six-digits; the numbering is only for worker convenience.</p> <p>Multiple FBUs may be used in MAC-Medically Needy composite cases and FIP-CMAP composite cases.</p> <p>Use FBU 19 only for Medicaid cases related to Iowa foster care, subsidized adoption, or subsidized guardianship.</p>

Revised July 11, 2008

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Establishing FBUs (Cont.) Other Case Number Information	TD01 CASE NUMBER	Use FBU 18 for IV-E foster care cases from another state and for all Medicaid cases receiving an adoption subsidy from another state (IV-E or non-IV-E). Also use FBU 18 for Iowa children placed out-of-state who remain on Iowa Medicaid. Use FBU 37 only for Medically Needy cases. Use FBU 21 when a case started with a <i>hawk-i</i> application. Use FBU 17 for Medicaid for independent young adults (MIYA) cases. To establish an additional FBU, enter the case number consisting of the original six-digit serial number, the new FBU, and zero in the ninth position. The system will assign the check digit (tenth position). Enter other data as in any other new case. For information on cases dropped from the system see 14-B(4), DROPPED CASES ON-LINE DISPLAY .
Changing Income or Deductions for an Ongoing Program	BCW2 ENTRY RSN	For programs that ABC calculates, enter any field in which the information changed. In computing eligibility, the system continues to use the information that is not changed. If an amount no longer exists, replace it with zeroes. Source codes are removed automatically in month-end processing when amounts are zero. Enter G or H.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Income or Deductions for an Ongoing Program (Cont.)	BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2	Enter the month for which a calculation is requested (usually the next system month). Enter C. Enter "A" or "E." If you make an error in the E/B indicator, delete the data. The E/B error cannot be "fixed"; the transaction must be deleted. Enter any other applicable fields.
COLA	BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2 UNEARN 1-4 AND SR 1-4	"COLA" means cost-of-living adjustments to Social Security or SSI benefits. COLA processing is described in 14-B(8). Enter any changes to unearned income during the months involved in the COLA process as usual. Example: <div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> A person's social security account is changed from a survivor's claim to a retirement claim. </div>
Continuing Assistance When a Timely Appeal Is Filed	TD05 RSCM TD03 TD01 CNID BCW SCREENS	When a timely appeal is filed as the result of an adverse action entered on the system, enter information to return the program or people to the status, which existed before the adverse action. Enter the state ID number associated to the case name if it is missing. When a timely appeal is filed as the result of a system-calculated adverse action, change the income or deductions to cause continuation of assistance as appropriate.

WORKER-INITIATED ACTIONS
Continuous Eligibility for Children
Revised July 11, 2008

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Continuous Eligibility for Children		When a child has been determined eligible for Medicaid in a 308, 920, or 372 aid type, the child continues to be eligible for up to 12 months even if the household goes over income. (The child must be otherwise eligible.)
		Income entered on the BCW2 will not cancel a continuously eligible child unless the LAST REV field is also entered.
		If the child is canceled and should not have been, reinstate or reopen the child.
	TD05 MED ENTRY RSN	Enter B or C.
	TD05 MED STATUS	Enter B or C.
	TD05 MED RSN	Enter notice reason 207, if reinstating.
	TD03 MED ENTRY RSN	Enter B or C.
	TD03 MED ST	Enter B or C.
	TD03 FUND	Enter A, C, or R, as appropriate.
Continuously Eligible Pregnant and Postpartum Women		When a pregnant woman has been determined eligible for Medicaid under MAC (aid type 92-0), she continues to be eligible throughout her pregnancy and postpartum period even if she goes over income. (She must be otherwise eligible.)
		Income entered on the BCW2 will not cancel a pregnant woman under the MAC aid type.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Continuously Eligible Pregnant and Postpartum Women (Cont.)		<p>If enough income is entered to cancel some people on the MAC case, the pregnant woman will remain active and the people who are over income will become “considered.”</p> <p>If for some reason a pregnant woman is canceled and should not have been, reinstate her. Reinstating will ensure that she is enrolled in the same managed health care as when she was canceled.</p> <p>Using an entry reason of “A” or “C” will cause the woman to go through the process of again choosing a provider.</p>
	TD05 MED ENTRY RSN	Enter B.
	TD05 MED STATUS	Enter B.
	TD05 MED RSN	Enter notice reason 207.
	TD03 MED ENTRY RSN	Enter B.
	TD03 MED ST	Enter B.
	TD03 FUND	Enter A or C, as appropriate.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Denying an Application	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter M.
	TD05 MED RSN2	Enter the applicable reason. Do not use reason 613. See 14-B-Appendix, NOTICE CODES .
	TD05 MED APP DT	If the program was not pended, enter the date the initial application or reapplication was received in the county office, in MMDDYY format.
	TD03	<p>If the program and individuals were pended upon receipt of the application, the denial rolls to TD03. If the application was not pended, TD03 entries must be made on at least one household member.</p> <p>Denials may be recorded for individuals on TD03 when the program approval is coded for the case.</p> <p>However, do not enter retroactive Medicaid on TD05 and deny a person on TD03 in the same day's entries. First, deny the person. On the next day, enter the retroactive eligibility as instructed at Retroactive Medicaid Eligibility.</p> <p>Enter any needed demographic information, if it does not exist or is not correct. See 14-B-Appendix, TD03, for valid codes.</p>
	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter M.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Emergency Medical Services for Aliens	TD03	Enter any needed demographic information, if it does not exist or is not correct. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Nonqualified and some qualified aliens may be eligible for emergency medical services, including labor and delivery. Indicate eligibility on TD03 only if the dates approved will be for the emergency. Otherwise, submit form 470-0397, <i>Request for Special Update</i> , specifying the SRV code.
	TD03 SRV	Enter C, for emergency or labor and delivery services only.
	TD03 FUND	Enter the applicable fund code if the alien is eligible for and has incurred emergency medical services. The system will issue the correct Medicaid eligibility card. After ABC updates, close the case.
	TD05 RSN1	Enter “000” and manually issue the <i>Notice of Decision</i> . See 8-L, Payment for Emergency Services , for language.
Entering Income		Select the applicable BCW2s by entering the person’s state ID, the BEN MO (the month for which the income is to count), and a program indicator of “C.” Before making income entries, review existing income data on the BCW2 screens for the month, program, and calculation purposes. See Four-Month Extended Medicaid for coding instructions when it appears that child support exceeds the FMAP income limits on an active case.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Entering Income (Cont.)		See Transitional Medicaid for coding instructions when it appears that increased earnings exceed FMAP income limits on an active case.
Application	BCW2	Enter BCW2s for each month of the application process for which there is non-exempt income and financial eligibility is to be determined. If income is not entered or is not already in the system for a month in the application process, the system assumes there is no income for that month. Note: You cannot enter BCW2s on a pending application.
	BCW2 ENTRY RSN	Enter G or H.
	BCW2 BENEFIT MO	Enter the month associated with the FMAP-related income, in MMDDYY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.
	BCW2 PI	Enter C.
	BCW2 E/B	Enter the codes for the budgeting procedures required for the case situation: E Eligibility calculation A All (both) calculations
Earned Income	BCW2 EARNED 1-5	Enter the projected amount of each paycheck, beginning with the first earned field, or enter the projected monthly income in the first earned income field.
	BCW2 OTHER EI	Enter the total amount of monthly net self-employed income.

WORKER-INITIATED ACTIONS**Entering Income**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Earned Income (Cont.)	BCW2 SR	Enter "1."
	BCW2 CHILD CARE	Enter total allowable child or disabled adult care expenses.
	BCW2 UNEARN 1-4	Enter the amount of the person's unearned income.
	BCW2 OTHER UI	Enter the amount of other unearned income.
	BCW2 SR(1-4)	Enter the code that indicates the source of the unearned income in the first position. See 14-B-Appendix, BCW2 SR(1-4) .
	BCW2 DEDUCT 1	Enter the amount of support paid for dependents outside the home. This amount is deducted only for the person with a status "H."
	BCW2 DEDUCT 2	Enter the needs amount for the stepparent or self-supporting parent of a minor unmarried parent and the ineligible children in the stepparent's or self-supporting parent's unit. This amount is deducted only for the person with a status "H."
	BCW2 P. DED NEED	Enter the amount to be deducted from the parent's income for Standard of Need test. Note: This field is not applicable for MAC cases. The amount must be for: <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Earned Income (Cont.)	BCW2 P DED PAY	<p>If entering parental income, enter the amount to be deducted from the parent's income for the benefit standard test. The amount must be for:</p> <ul style="list-style-type: none"> ◆ Needs of the ineligible parent and ineligible children, or ◆ Court-ordered support paid for dependents outside the home.
Lump-Sum Income	BCW2	<p>Note: Do not make lump-sum income entries for Medicaid. Hand-calculate lump-sum income for proration purposes. Enter the prorated amount on the BCW2 as unearned income with source code "X."</p>
Ongoing Case	BCW2	<p>A BCW2 may be entered to cause a calculation for the current system month and for the "next" system month.</p> <p>When income is entered for the current system month, income must be entered for the "next" system month. The system continues to use the income information that has been entered for the "next" system month until a change is entered.</p> <p>When reinstating a program, check BCW2s for the effective month of reinstatement and for the "next" system month, if different from the reinstatement month. Enter changes as needed.</p> <p>When the effective date of reinstatement is the next month, enter a "current" month BCW2 only when recalculation of current month is needed.</p>

WORKER-INITIATED ACTIONS**Entering Income**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Social Security Income	BCW2 STATE ID BCW2 ENTRY RSN BCW2 BENEFIT MO BCW2 PI BCW2 E/B BCW2 UNEARN 1-4 BCW2 SR 1-4	To allow for an automated processing of cost-of-living adjustments, enter a social security amount for each person receiving social security income. (See 14-B(8), <u>COLA PROCESSING.</u>) Social security payment for a child or several children is usually sent to the parent in one check. Determine the benefit amount for each person and enter it with each person's state ID number.
Unearned Income: Combining Amounts	BCW2 UNEARN 1-4, OTHER UI BCW2 SR 1-4, S4	BCW2 has five fields for unearned income amounts and source codes. If a person has more than five sources of unearned income, two or more can be combined and entered in one amount field. Code the SR field "X." Because the system automatically processes COLAs for Social Security and SSI and performs matches for unemployment compensation, always enter these three amounts separately.
Excluded Persons	TD03 ENTRY RSN TD03 MED ST TD03 FUND BCW2 P DED NEED BCW2 P DED PAY	Enter A or C. Enter F. Enter 7. Enter applicable deduction on applications for the Standard of Need Test (Test 2). Note: Do not enter on MAC cases. Enter the applicable deduction for the Payment Standard Test (Test 3).

WORKER-INITIATED ACTIONS
Foster Care and Subsidized Adoption Medicaid
Revised September 7, 2007

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	TD03	Complete all TD03 coding applicable to the program being approved. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter A, E or C.
	TD03 US	If applicable for the program, enter the person's verification documentation code for citizenship. See 14-B-Appendix, TD03 US .
	TD03 ID	If applicable for the program, enter the person's verification documentation code for identify. See 14-B-Appendix, TD03 ID .
	TD03 REL	Enter the applicable relationship code. See 14-B-Appendix, TD03 REL , for codes.
	TD03 FACS	Enter R for non-IV-E out-of-state adoption subsidy cases from states with reciprocal Medicaid agreements. (See 8-H for states.)
	TD03 MED ST	Unless the program was pended before approval, enter the status code for the person who is included in the program approval or who is being denied.
	TD03 FUND	Enter the applicable fund code. See 14-B-Appendix, TD03 FUND , for codes.
	ICSC	Make referrals to CSRU, if appropriate, and the service worker has not done so.
	BCW2	Make BCW2 entries if any person in the eligible group has countable income, and the program is one with ABC Medicaid calculation. Exception: Do not enter earned income for IV-E cases with aid types of 30-8.
	BCW2 PI	Enter "C" in the program indicator field.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	BCW2 E/B	<p>Enter “A” or “E” for the E/B field. See Entering Income for more information.</p> <p>On ABC-calculated programs, the system completes the eligibility determination. If the system determines program ineligibility, it overrides your status entry and generates a notice. You must then make new entries to approve Medicaid and re-enter the IV-E administrative and training funding codes on TD04.</p> <p>For ABC-calculated FMAP-related Medicaid applications, the date the system accepts the data entry is the date ABC uses to determine the date of decision.</p> <p>See Retroactive Medicaid Eligibility if the application includes retroactive Medicaid.</p> <p>For all 19 FBU cases only, make these TD04 entries:</p>
	TD04 ENTRY RSN	Enter H.
	TD04 BENEFIT	<p>Enter the maintenance amount for foster care or the subsidy amount for subsidized adoption. Exception: PMIC cases do not require an amount in this field.</p> <p>Note: If the case has two or more eligible siblings at the same facility and all are eligible under the same coverage group, add each child’s projected payment amount together and enter the total.</p> <p>For a shelter care placement, no amount is displayed in FACS or on the exchange form. See XV-A(1), Rate Limits, for the current daily shelter rate.</p> <p>For an adoption case where no cash adoption subsidy is paid, enter \$1.00.</p>

WORKER-INITIATED ACTIONS
Foster Care and Subsidized Adoption Medicaid
Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	TD04 RETRO 1ST RETRO 2ND RETRO 3RD MO OF APP POS MO ONGOING	<p>Entry is required on approvals and reinstatements. The code stays on the internal master file, but does not appear on the display screen once updated. Valid codes are:</p> <p>N Not eligible Y Eligible</p> <p>Enter Y when the case would be IV-E maintenance-eligible except that it is an SSI case.</p> <p>POS MO and ONGOING fields require entries on approvals and reinstatements.</p> <p>RETRO fields are required on approvals when the month the child entered foster care is before the month the Medicaid application was received.</p> <p>Active cases require an entry into the ONGOING field when:</p> <ul style="list-style-type: none"> ◆ The aid type changes, or ◆ You make a TD06 entry, or ◆ You receive a FACS exchange of information form that results in a change in IV-E administrative funding.
	TD04 RETRO 1ST	<p>Entry is required if child entered foster care one or more months before the month in the TD05 MED APP DT field.</p>
	TD04 RETRO 2ND	<p>Entry is required if child entered foster care two or months before the month in the TD05 MED APP DT field.</p>
	TD04 RETRO 3 RD	<p>Entry is required if child entered foster care three or more months before the month in the TD05 MED APP DT field.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving the Medicaid Case (Cont.)	TD04 MO OF APP	Make no entry into this field if the month in TD05 MED APP DT is the same as the month in the TD05 MED POS DT field.
	TD04 POS MO	Entry is required.
	TD04 ONGOING	Entry is required. The code stays on the internal master file, but does not appear on the display screen once updated.
		Enter Y when the case would be IV-E eligible except that it is an SSI case.
	TXNS PF5	Check on-line edits to verify that aid type and IV-E administration coding are correct. If coding is not compatible, WAR 660 is generated.
Changing Aid Types	TD01	See Aid Type Change .
	TD04 ONGOING	On 19 FBU cases, enter the code to indicate eligibility for IV-E.
FACS Case Closes		If the FACS placement closes, WAR message 343 is generated to the active 19 FBU case. For further action, see Automatic Redetermination .
Four-Month Extended Medicaid		Any case canceled from FMAP due to receipt of child or spousal support may become an “extended” Medicaid case if the family received FMAP in three of the previous six months. Extended Medicaid eligibility is limited to four months.
	TD01	Enter the state ID number associated to the case name, if it is missing.
	TD01 ENTRY RSN	Enter H.

WORKER-INITIATED ACTIONS
Four-Month Extended Medicaid
Revised October 6, 2006

Iowa Department of Human Services
Title 14 Management Information
Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Four-Month Extended Medicaid (Cont.)	TD01 CNID	Enter the state ID number of the “case name” person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter the number of months left in the extended Medicaid period (4, 3, 2, or 1). Note: When the EXT MED entry on BCW1 is “1,” “2,” “3,” or “4,” the system regards the entry as being for extended Medicaid. If the EXT MED code is omitted on BCW1, the system cancels the case. See later instructions for reopening or reinstating the case for Medicaid.
	BCW1 BEN MO	Enter the next system month, in MMY format.
	BCW2	If applicable, see Entering Income for coding instructions. The system changes the existing fund codes to the correct codes for the extended Medicaid program. The BH01 screen displays data on the current extended period of the case. See 14-B-Appendix, BENEFITS HISTORY INFORMATION . If the four months of extended Medicaid are interrupted, you must reset the EXT MED field on BCW1 with the appropriate number of months to start a new period.
Reinstating		Extended Medicaid is reinstated in the same way as any other program, providing the allowed months have not been used. See Reinstating Eligibility .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening		Follow this procedure when the system did not automatically determine eligibility for the extended Medicaid (because your BCW1 entries failed to allow for the extended eligibility).
	TD01 ENT RSN	Enter H.
	TD01 AID TD01 MED AID	Enter the applicable aid type.
	TD01 AID CHG DT TD01 MED CHG DT	Enter the first date of extended Medicaid eligibility.
	TD01 CNID	Enter the state ID number of the “case name” person, if it is missing. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID .
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 POS DT	Enter the first day of the extended Medicaid period.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter A or C.
	BCW1 ENTRY RSN	Enter H.
	BCW1 BENEFIT MO	Enter the next system month.
	BCW1 EXT MED	Enter the number of months Medicaid is to be extended (the number of months remaining in the extended period).

WORKER-INITIATED ACTIONS**Ineligible Aliens**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Ineligible Aliens	TD01 MED AID RSCM BCW2	When adding an ineligible alien to a case be certain to review and update, if appropriate, the MED AID type, RSCM and BCW2 screens for the ineligible alien or household. Note: Do not pend an ineligible alien. Do not make ineligible alien children “considered” persons in the household.
Adding an Ineligible Alien	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving a Case with an Ineligible Alien	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
Canceling an Ineligible Alien	TD03	<u>Individual</u> Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
		Note: After these entries update, the MED ST code will update to F and the FUND code to 9.
		<u>Program</u>
	TD05 MED ENTRY	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 RSN2	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .

WORKER-INITIATED ACTIONS**Ineligible Aliens**

Revised November 5, 2004

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Changing Medical Status		Make sure the medical aid type is correct.
		Update any demographic information appropriate for the person.
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	When the person will remain as a considered person, do not enter a notice reason. When the person will be eligible for Medicaid, enter a notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date the medical status changes.
Reinstating an Ineligible Alien	TD03 FUND	Enter the appropriate fund code. See 14-B-Appendix, TD03 FUND .
	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
Reopening an Ineligible Alien	TD03 FUND	Enter S.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter F.
	TD03 MED RSN	Re-enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	If only the ineligible alien is being reopened, enter the date.
	TD03 FUND	Enter S.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Making a Considered Person Active on an Ongoing Case	<p>TD03 ENTRY</p> <p>TD03 MED ST</p> <p>TD03 MED RSN</p> <p>TD03 MED DATE</p> <p>TD03 FUND</p> <p>TD03 PF 06 = REF MENU</p>	<p>Note: For MAC-only cases and for cases going from MAC to FMAP, you must manually calculate income for the current and past system months.</p> <p>If the case is within income limits, add the person using these instructions. If the case is over income limits, close the case and manually issue a <i>Notice of Decision</i>.</p> <p>Enter H.</p> <p>No entry required, unless you need to make a new entry to change status “I” or “F.” See Excluded Persons, Ineligible Aliens, or Sanctions for instructions.</p> <p>Enter notice reason 933.</p> <p>Enter the applicable date in MMDDYY format.</p> <p>Enter a valid fund code. See 14-B-Appendix, TD03 FUND.</p> <p>If applicable, check to see if a HIPPP referral has been made.</p>
Medical Cards Issuance		Form 470-1911, <i>Medical Assistance Eligibility Card</i> , is automatically issued to eligible people.

WORKER-INITIATED ACTIONS**Medical Cards**

Revised September 7, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Replacement		If the <i>Medical Assistance Eligibility Card</i> needs to be replaced, use the web-based replacement card system. The person must be active on SSNI before a replacement card can be issued.
Special Updates		The system does not issue a card when form 470-0397, <i>Request for Special Update</i> , is used to add eligibility for prior months.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Medical Transportation		
Denial	TD05 MED ENTRY RSN	Enter "R" (send notice only). When entry reason "R" is used, no other entries are allowed in that day's processing.
	TD05 REA2	Enter 623.
Approval	TD06 IMM/CAN	Enter Z.
	TD06 AID TP	Enter the case aid type.
	TD06 EFFECT DT	Enter the month the service was received. If the claim covers more than one month, enter the earliest month of service.
	TD06 # MONTHS	Enter 01.
	TD06 AMT	Enter the total amount to be paid. Note: If the amount exceeds \$1,800, follow the procedures in 14-B, Entries Restricted to Quality Assurance .
	TD06 SP ALLOW CD	Enter A.
	TD06 FED ADT	Enter "0" if the fund code of the eligible person is 3 or 4. Enter "1" if the fund code of the eligible person is A, C, 1, 2, or R.
	TD06 NAME/ADDRESS	
	TD06 PAYEE/ADDR	Enter the complete name of the provider.
	TD06 PAYEE MOD	If appropriate, enter FOR.
	TD06 ADDRESS1	Enter the case name. Do not enter punctuation.
	TD06 ADDRESS2	Enter the address of the provider. Do not enter punctuation.

WORKER-INITIATED ACTIONS**Medical Transportation**

Revised December 28, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approval (Cont.)	TD06 CITY, STATE, ZIP	Enter the city, state, and zip code of the provider.
	TD06 VENDOR	See 14-B-Appendix, TD06 VENDOR , for valid codes.
	TD06 CODE	See 14-B-Appendix, TD06 CODE , for valid codes.
	TD06 TYPE	See 14-B-Appendix, TD06 TYPE , for valid codes. Note: Check the ISSV system to determine if issuance was made.
Newborn Children of Medicaid-Eligible Mothers		<p>A child in “newborn status” remains eligible for one year after birth if the mother would be eligible if she were still pregnant.</p> <p>If the mother of the newborn would <u>not</u> be eligible for Medicaid if she were pregnant, “newborn status” is lost, and an automatic redetermination shall be completed.</p> <p>See Postpartum Period for instructions on entries for a Medicaid-eligible pregnant woman who gives birth.</p> <p>Add a newborn child of a Medicaid eligible mother to the mother’s Medicaid case without an application. (See also Adding a Person to a Case for an Active Program.)</p>
	TD03	Assign a state ID to the newborn. See State ID Numbers: Assigning State IDs .
	TD03 ENTRY RSN	Enter A.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Newborn Children of Medicaid-Eligible Mothers (Cont.)	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MED ST	Enter A.
	TD03 MED RSN	Enter notice reason code 812.
	TD03 MED DATE	On ABC-calculated FMAP-related Medicaid aid types, the start date can be no earlier than the first day of the second prior system month. Do not add a person with a positive date earlier than the last program positive date.
	TD03 FUND	Enter C.
	TD03 UNB	A child in newborn status is not counted in the household size. Zero out the code on the Medicaid-eligible mother's UNB field and zero out the UNB/DUE field on TD03 after the birth of the newborn.
	TD03 NWBN	Enter code "Y" for each child who is receiving Medicaid as a newborn child of a Medicaid-eligible mother. Enter code "N" for each child who is not receiving Medicaid as a newborn child.
	ICSC	If applicable, make referrals to CSRU and complete REFER information. See XIV-D(1), ICAR/IABC REFERRAL .
Next Review Date		When no entry is made in the NEXT REV field, the system generates the review date based on the: ◆ APP DT, ◆ LAST REV date, and ◆ FIP annual review date (or Food Assistance END CERT date, if there is no FIP on the case).

WORKER-INITIATED ACTIONS**Next Review Date**

Revised July 11, 2008

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Determining	TD05 NEXT REV	<p>The system calculates the NEXT REV dates from the application date or the last review date, whichever is later.</p> <p>When the application date is the later date, the month of application counts as “month 1.” For reviews, the month after the last review date counts as “month 1.”</p> <p>If the food assistance program is opened, or already active on the case, the system aligns the medical NEXT REV and the food assistance END CERT dates.</p> <p>This alignment may change your entries, but is done to limit the number of reviews you must do in a year, while complying with program requirements.</p> <p>You may enter a date that is earlier than the system-generated date. The system will not accept a date later than the system-generated date.</p> <p>New cases that are opened for a continuously eligible child should have the review dates adjusted to coincide with the last review date on the previous case.</p> <p>Certain Medicaid programs do not require reviews. When changing aid types from those programs, enter or change the review dates to avoid overdue reviews.</p>
Entering	TD05 MED ENTRY RSN	To change review dates, enter the current month in the LAST REV field.
	TD05 LAST REV	Enter H.
		Enter the month and year of the last review.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Pending an Application	TD01 TD01 AID TD01 MED AID TD01 CO RES TD01 CNID	<p>If a new case, see Case Numbering: Assigning Case Numbers, Aid Type Priority, and Case Name ID, to complete TD01 case identifying information.</p> <p>If you have an application with an excluded person or a sanctioned person, do not pend these individuals. See Excluded Persons or Sanctions for instructions.</p> <p>See 14-B-Appendix, TD01 Case Information and TD01: Section I, Identification, to complete screen.</p>
	TD01 ENTRY RSN	Enter A or H.
	TD01 AID CHG DT TD01 MED CHG DT	If this is not a new case, see Aid Type Change .
	TD05 MED ENTRY RSN	Enter A.
	TD05 MED STATUS	Enter D.
	TD05 MED APP DT	Enter the date the application was received in the county office.
	TD05 MED MR	Enter N.
	TD03 ENTRY RSN	Enter A.
	TD03	Enter any needed demographic information. See 14-B-Appendix, TD03 , for valid codes.
	TD03 MED ST	Enter D.
	TD03 FUND	Enter the applicable code. See 14-B-Appendix, TD03 FUND , for codes.

WORKER-INITIATED ACTIONS**Pending an Application**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Responsible Relatives	<p>TD03</p> <p>TD03 MED ST</p> <p>TD03 FUND</p>	<p>“Responsible” relatives (stepparents, self-supporting parents, and ineligible family members) can be pending.</p> <p>The TD03 coding in the pending process is the same as for members of the eligible group. However, take care at the time of approval to apply different MED ST codes and FUND codes to responsible relatives.</p> <p>Enter D.</p> <p>Enter S or 7.</p> <p>If the responsible relatives are already pending, you must enter the appropriate status code when approving program.</p> <p>Note: If the appropriate status code is not entered, the approval coding will roll and activate the responsible relatives in error.</p>
Postpartum Period	<p>TD03 ENTRY RSN</p> <p>TD03 MED RSN</p> <p>TD03 MED LIMIT</p> <p>TD03 UNB</p> <p>TD03 UNB/DUE</p> <p>TD03 NWBN</p>	<p>Use this procedure when a Medicaid-eligible pregnant woman gives birth or when the pregnancy ends for any reason.</p> <p>If this procedure is used, reason 818 will automatically be generated and sent when the 60-day postpartum period expires.</p> <p>Enter H.</p> <p>Enter 819.</p> <p>Enter the month and year in which the 60-day period will expire.</p> <p>Enter zero.</p> <p>Enter zeros.</p> <p>Enter P.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Refugee Medical Assistance	TD01 AID TD01 MED AID TD01 CNID TD05 TD03 FUND	Enter 06-0, 06-1, or 06-3. Enter the state ID number of the “case name” person. See Case Name ID and 14-B-Appendix, TD01 CNID . Entry in this field updates the case name fields. Enter as Refugee Medical Assistance. Use fund code “1” for people 21 and over. Use fund code “R” for people under 21.
Refugee Cash/Medicaid (Non-CMAP)		Use this procedure to establish eligibility records for Refugee Cash Assistance (RCA) recipients who, because they meet the categorical requirements of Medicaid, are not eligible for Refugee Medical Assistance (RMA).
Approving	TD01 ENTRY RSN TD01 AID TD01 MED AID TD01 CNID TD02 RSCA	Enter A or H. Enter 06-0 or 06-1. Enter the correct Medicaid aid type (not Refugee Medical Assistance). Enter the state ID number of the person who has a PER code of “01” and a REL code of “0” on the TD03 screen. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix, TD01 CNID . Enter as Refugee Cash Assistance. See 14-B(6), FIP CASE ACTIONS . Enter as Refugee Cash Assistance. See 14-B(6), FIP CASE ACTIONS .

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Approving (Cont.)	TD03 FUND	Code people eligible for RCA on this aid type with a fund code of “A” or “C.”
	BCW2	If applicable, enter any income or deduction appropriate to the RCA case.
	TD05	Enter as an FMAP-related Medicaid approval (not RMA). See Approving an Application for coding instructions.
	TD03 MED ST	Enter A.
Subsequent Actions	TD03 FUND	Enter a fund code of “A” or “C.”
		If the case is closed and reopened or reinstated, the steps must be done in this same order.
		Cancellation can be entered as needed.
Reinstating Eligibility		These instructions apply both when the entries are made in the month before the effective date of cancellation OR before cutoff in the month of the effective date of cancellation. (It is not necessary to wait for the effective date of cancellation before reinstating.)
		If there is a change in the case name, make the following entries:
	TD01 ENTRY RSN	Enter H.
	TD01 CNID	Enter the state ID number of the “case name” person. Entry in this field updates the case name fields. See Case Name ID and 14-B-Appendix TD01 CNID .
		Enter reinstatement coding on both program and individual screens.
	TD05 MED ENTRY RSN	Enter B.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstating Eligibility (Cont.)	TD05 MED STATUS	Enter B.
	TD05 RSN1	Enter the notice reason code (usually 207).
	RSCM	Enter any changes.
	TD03 ENTRY RSN	Enter B for each person to be reinstated.
	TD03 INHOME	When FIP is active at the case level (on TD02), you must enter Y even if FIP is not active for this person. If FIP is not active at the case level (TD02), enter N if there is already a Y in this field or make no entry if this field is blank.
	TD03 MED ST	Enter B. (Enter M to deny reinstatement.) Do not reinstate an already active person or reinstate a person to an active program.
	TD03 FUND	Check that the fund code is correct. For codes, see 14-B-Appendix, TD03 FUND . Enter all other applicable changes.
	BCW1 ENTRY RSN BCW2 ENTRY RSN	Enter H if making changes to BCW1 or BCW2. Do not enter income on Transitional Medicaid cases, except in the seventh and tenth months.
	BCW1 AND BCW2	Enter any changes.
Removing Data	TD03 SSN	Use these instructions only when you must remove data without entering new data. In a field that allows any letter codes, use the space bar to remove the data. In a field that allows only numbers, use zeroes to remove other numbers. Exception: Enter zeroes if no application has been made for a social security number. Enter nines if application for a number has been made.

WORKER-INITIATED ACTIONS**Removing Data**

Revised February 25, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Removing Data (Cont.)	TD03 UNB	If the UNB field is changed to zero without any other entry that would cause a recalculation of eligibility, then you must enter a BCW to cause a recalculation.
Restricted Medical Card (Lock-In)		Entries for restricted Medicaid cards can be made only in Central Office. These entries are reflected on the SSNI screen.
Retroactive Medicaid Eligibility	TD01 MED AID	Note: The system calculates retroactive Medicaid eligibility, except for the MAC coverage group, for all months of the retroactive eligibility period based on the TD01 MED AID type. Note: Retroactive months are determined from the APP DT
		Exceptions for MAC: Manually determine retroactive Medicaid eligibility. BCW entries are not allowed.
	TD05 MED ENTRY RSN	Enter "A" to process retroactive eligibility with an application. Enter "H" to process retroactive eligibility on an ongoing case. Enter "B" to process retroactive eligibility with a reinstatement.
	TD05 MED STATUS	Enter "A" on applications. Enter "B" with reinstatements. Otherwise, leave blank.
	TD05 RETRO	Enter the code for the combination of months for which retroactive medical applies and eligibility factors are met.
	BCW2	If there is income (and the person is not in a MAC coverage group), you must enter a separate BCW2 for each month for which a calculation is desired.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Retroactive Medicaid Eligibility (Cont.)		<p>Use the THRU MO field to generate multiple, identical BCW2s. The system will generate BCW2s for each month from the date in the BEN MO field through the date in the THRU MO field. If the THRU MO field is blank or 00 00, the system will generate a single BCW2 for the month entered in the BEN MO field.</p> <p>If you use the system to determine ongoing eligibility and the case is approved, the system also can determine eligibility for the retroactive months (except for the MAC coverage group). The system generates the notice.</p> <p>The system does not examine retroactive Medicaid when you deny the application.</p>
3 Months Before Current System Month for a Recipient	BCW2 ENTRY RSN	Enter H.
	BCW2 BEN MO	Enter the applicable month. Enter in MMY format.
	BCW2 THRU MO	Enter the last month in date range to generate multiple identical BCW2s.
	BCW2 PI	Enter C.
	BCW2 E/B	All countable income must be entered with an E/B code of "A" for each retroactive month. This income is used for the eligibility tests.
	TD03 ENTRY	<p>If you are changing the Medicaid start date to an earlier date (for a retroactive month), you need to do both of the following:</p> <ul style="list-style-type: none"> ◆ Determine that the person is Medicaid eligible for ALL the retroactive months. ◆ Determine if the MED AID type is correct for the retroactive months.

WORKER-INITIATED ACTIONS
Retroactive Medicaid Eligibility
 Revised November 3, 2006

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
3 Months Before Current System Month for a Recipient (Cont.)	TD03 ENTRY RSN TD03 MED DATE TD03 FUND	Enter H. Enter the date you want to backdate Medicaid. Enter in MM/DD/YY format. Re-enter the fund code.
4 to 12 Months Before Current System Month for a Recipient	 TD03 ENTRY RSN TD03 FUND BCW2	Make sure that the current aid type is the correct aid type for all the months you are backdating Medicaid for and that the client is eligible for all the retroactive months. There must be continuous eligibility from the month of update through the current month. If not, complete form 470-0397, <i>Request for Special Update</i> . Issue a manual <i>Notice of Decision</i> . Enter H. Re-enter the fund code. Enter the income for each month you want to update Medicaid. If there is no income, enter zeros to force a recalculation. The current aid type is assigned to the updated months. If the eligibility is actually under a different coverage group, complete form 470-0397, <i>Request for Special Update</i> .
Sanctions		Sanction case actions apply to the following aid types: 06-0, 06-1, 06-3, 14-0, 14-2, 14-3, 14-4, 30-8, 37-E (zero SD), 37-0, 37-2, 38-0, 64-0, 64-2, 64-3, 64-4, and 92-0.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Sanctions (Cont.)	TD01 MED AID RSCM BCW2	When adding a sanctioned person to a case, review the MED AID type, RSCM, and BCW2 screens for the sanctioned person or household and update, if appropriate. Note: Do not pend a sanctioned person.
Adding a Sanction on a Person	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Adding a Sanction on a Case	TD05 MED ENTRY RSN	Enter G.
	TD05 MED ST	Enter I.
	TD05 RSN2	Enter the case notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD05 MED NEG DT	When using the MED ST code of "I," you must enter the date Medicaid will cancel.
Approving an Application with a Sanctioned Person	TD03 ENTRY RSN	Enter A.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Canceling the Sanctioned Person	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter N.

WORKER-INITIATED ACTIONS**Sanctions**

Revised November 3, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Canceling the Sanctioned Person (Cont.)	TD03 MED RSN	Enter the notice reason code. See 14-B-Appendix, NOTICE CODES . Note: After these entries update, the system will change the person's medical status to an "I" and the fund code to a "9."
Failure to Comply with Third-Party Liability		If a person fails to comply with instructions from the Third-Party Liability Unit, sanction that person's Medicaid eligibility. This action requires timely notice. See Sanctions for instructions.
	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter 960.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
		When there is only one person on the case, use these instructions to close the program line after the individual entries update. Then enter the following:
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 000. Do not enter notice reason 960, since notice was previously issued.
Failure to Cooperate with Child Support		<u>Program</u>
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason 306.
	TD05 MED NEG DATE	Enter the date the case will close.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Child Support (Cont.)	TD03 ENTRY RSN	<u>Individual</u> Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason code 945.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Failure to Cooperate with HIPP	TD03 ENTRY RSN	Enter G.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Enter notice reason 847. On a one-person only MAC aid type case, enter notice reason 000 and manually issue a <i>Notice of Decision</i> .
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
		When there is only one person on the case, use these instructions to close the program line after the individual entries update. Then enter the following:
	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter N.
	TD05 MED RSN2	Enter 000. Do not use a notice reason code because a notice was previously issued.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Failure to Cooperate with Investigation	TD05 MED ENTRY RSN	<u>Program</u> Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will cancel.
Failure to Cooperate with Quality Control	TD05 MED ENTRY RSN	Enter G.
	TD05 MED STATUS	Enter I.
	TD05 MED RSN2	Enter notice reason code 203.
	TD05 MED NEG DATE	Enter the date the case will cancel.
Lifting a Sanction	TD03	Note: No entry is needed for a person who will have the considered person fund code of "S."
	TD03 ENTRY RSN	Enter A or C.
	TD03 MED ST	Enter A or C.
	TD03 MED RSN	Enter the applicable notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date the person is eligible. This date is the first of the month that the person cooperated.
	TD03 FUND	Enter the appropriate fund code. See 14-B-Appendix, TD03 FUND .
Reinstating Person with an Existing Sanction	TD03 ENTRY RSN	Enter B.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the existing sanction notice reason code. See 14-B-Appendix, NOTICE CODES .

WORKER-INITIATED ACTIONS**Sanctions**

Revised April 22, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reinstating Person with an Existing Sanction (Cont.)	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
Reopening a Person with an Existing Sanction	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter I.
	TD03 MED RSN	Re-enter the sanction notice reason code. See 14-B-Appendix, NOTICE CODES .
	TD03 MED DATE	Enter the date. Note: Do not enter a date if you are reopening an entire case.
	TD03 FUND	Enter S.
	TD03 MED DIS	Enter 00.
State ID Numbers	TD00 (or other screen)	When processing application or adding a person to an existing case, check ST01 to see if a state ID exists for any applicant. Enter “ST01” for OPTION and “UNK” for the state identification number.
	ST01	Enter the person’s social security number, religious beliefs (RB) indicator (if the social security number is all zeroes), name, date of birth, and sex, and select OPTION 4 in the CD/SCRN area or use the PF4 key. The system searches first on social security number only and then on the other data. Match the information on the person with the information on the screen. If a match is made, use that state ID. If the information is close, investigate further. The person may have changed a last name or be using a nickname.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
State ID Numbers (Cont.)		<p>If the search does not bring up a state ID, remove all but the last name, the first letter in the first name field, and search again.</p> <p>The county number tells where a case file was most recently located. The person may have moved, so do not assign a new state ID solely because the county is different.</p> <p>Be very careful not to assign duplicate state IDs. Check both the ABC and SRS information. The person may have been on SRS, but not ABC, or vice versa. If the person has been on either system, a state ID number has been assigned.</p>
Assigning State IDs		<p>If there is no match, enter “NEW” in the STATE ID field, the social security number in the SSN field, a religious beliefs (RB) indicator (only if the social security number is all zeroes), full name, birth date, and sex. Press the ENTER key.</p> <p>To facilitate IEVS matches, the name must match the name on available Social Security Administration records. See 14-G, REQUIREMENT OF IEVS MATCHING, for additional information.</p> <p>Use the PF4 key to confirm the date. The system assigns a state ID number.</p>
Correcting State IDs		<p>If you make a mistake when assigning the state ID number, correct it by making an entry on the TD03 screen. Corrections made to the TD03 screen updates ST01.</p> <p>The person’s name, birth date, and sex can also be corrected. Social security numbers may be corrected if the number entered is not already on the system. Corrections to the RB field on TD03 also update ST01.</p>

WORKER-INITIATED ACTIONS**State ID Numbers**

Revised April 22, 2005

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Cross-Referencing State IDs		If you find that a person has more than one state identification number, send e-mail or form 470-0271, <i>Quality Assurance Transmittal</i> , to Quality Assurance to remove the incorrect number. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271 .
Transferring Cases to Another County	<p>TD01 ENTRY RSN</p> <p>TD01 CO</p> <p>TD01 WKR</p> <p>TD01 INFO</p> <p>TD01 RE</p> <p>TD01 LOC</p>	<p>When an office requests case transfer, complete the transfer entries as soon as possible.</p> <p>Do not transfer a case to an office staffed less than full time. Transfer it to the designated local office.</p> <p>The sending office makes the transfer entries. Do not transfer case folders until these entries update.</p> <p>Enter H.</p> <p>Enter the new county's number.</p> <p>Enter the new worker number. If you don't know the new worker number, enter zeroes in the third and fourth positions.</p> <p>Enter the number of the sending county in the first two positions of the field.</p> <p>Enter TR.</p> <p>Enter the county number entered in CO.</p>

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transferring Cases to Another County (Cont.)	TD01 CO RES	Enter the two-digit code for the county where the household resides.
	TD01 ENT RSN	Enter “H” in the Name/Address section.
	TD01 CNID	Enter the state ID number of the “case name” person, if it is missing.
	TD01 ADDRESS 1 & 2, CITY, ST, ZIP	Enter the address changes.
	WAR1 AND WAR3	<p>The worker receiving the case will get message 328 when these entries update.</p> <p>If the requesting county does not receive the case file within five working days, notify the area income maintenance administrator.</p>
Transitional Medicaid	BCW1 ENTRY RSN	<p>These instructions cover Transitional Medicaid for increased earnings. The instructions apply when FMAP is canceled or may be canceled.</p> <p>Any case canceled from FMAP for increased earnings may become a Transitional Medicaid case if the family received FMAP in three of the previous six months.</p> <p>(If the cancellation is due to the receipt of child support, see Four-Month Extended Medicaid for instructions.)</p> <p>When it appears that increased earnings on an active FMAP case exceed FMAP income limits, and you determine that the family has received FMAP in at least three of the last six months, make the following entries:</p> <p>Enter H.</p>

WORKER-INITIATED ACTIONS**Transitional Medicaid**

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Transitional Medicaid (Cont.)	BCW1 EXT MED	Enter 12 or the eligible number of months. Valid codes are: "12" down to "01."
	BCW1 BEN MO	Enter the eligible month in MM/YY format.
	BCW2	See Entering Income . The BH01 screen displays data on the current extended or Transitional Medicaid period of the case. See 14-B-Appendix, BENEFITS HISTORY INFORMATION .
Allowing for Transitional Medicaid	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter the appropriate number of months ("12" down to "01"). If the number of months is 1, 2, 3, or 4, see Reopening to Transitional Medicaid for instructions. If the EXT MED code is omitted on BCW1, the system cancels the case. See Reopening to Transitional Medicaid or Good Cause , later in this case action.
	BCW2	Enter income data. If the system determines that an FMAP case is ineligible due to excess income and you have made the correct entries, the system automatically: <ul style="list-style-type: none">◆ Cancels the FMAP.◆ Changes the aid type and fund codes to the appropriate codes for the months of Transitional Medicaid.
	LF01	If appropriate, create tickler message to generate a quarterly report.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Quarterly Reports	MRT1 or BCW1 or BCW2	<p>The system looks at the quarterly report code entered as of system cutoff, not MRTL cutoff, to determine whether to cancel or not.</p> <p>When a quarterly report is returned, enter the code that indicates the report's status. Valid status codes are:</p> <p>C Complete</p> <p>I Incomplete (but neither D nor W apply)</p> <p>D No eligible child (used to cancel TM)</p> <p>W No income without good cause (used to cancel TM). This code is not appropriate for the first report.</p>
Quarterly Reports: Entering Income	BCW2 BCW2 ENTRY RSN BCW2 BEN MO BCW2 THRU MO BCW2 PI BCW2 E/B	<p>No income is entered in the first six months of the transitional period.</p> <p>In the seventh and tenth months of the transitional period, enter income from the quarterly report. Enter income for each month in the reporting period, by system cutoff of the report month.</p> <p>Enter H.</p> <p>Enter the eligible month in MM/YY format.</p> <p>Enter the last month in date range to generate multiple identical BCW2s.</p> <p>Enter C.</p> <p>Enter A or E.</p>

WORKER-INITIATED ACTIONS**Transitional Medicaid**

Revised February 23, 2007

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Quarterly Reports: Entering Income (Cont.) Good Cause	BCW2 EARNED 1-5	Enter the gross amount of earned income for each person in the eligible group. Note: If there is zero income in a month and good cause has been established, enter \$.05 in one of the earned income fields.
	BCW2 CHILD CARE	Enter the <u>total</u> amount of child care for the children in the eligible group.
	BCW2 TM	Enter the number of people in the eligible group for each month.
	MRT1	In the first six-month period, if the quarterly report is not returned timely in the fourth month, but good cause exists, code the case for good cause: If it is still before ABC cut-off and good cause exists, code the quarterly report with a "C" on the MRTL screen. If it is after ABC cut-off make these entries to grant good cause:
	TD05 MED ENTRY RSN	Enter H.
	TD05 POS DATE	Enter the first day of the current calendar month.
	BCW1 ENTRY RSN	Enter H.
	BCW1 EXT MED	Enter the number of months left, counting the positive date as month one.
	BCW1 BEN MO	Enter the next system month.
		If a transitional Medicaid case is canceled in the second six months, manually calculate to determine if reopening is appropriate. See Reopening to Transitional Medicaid for instructions.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening to Transitional Medicaid		Follow this procedure when the system did not automatically determine eligibility for the transitional Medicaid (because you failed to allow for it on BCW1 or because FMAP was already canceled).
	TD01 ENT RSN	Enter H.
	TD01 AID TYP	Enter the applicable aid type.
	TD01 AID CHG DT	Enter the first date of transitional Medicaid eligibility.
	TD01 MED AID	Enter 37-0.
	TD01 MED CHG DT	Enter the first date of transitional Medicaid eligibility.
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter the first day of the transitional Medicaid period, in MMDDYY format.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter A or C.
	TD03 POV	Enter the poverty level.
	BCW1 ENTRY RSN	Enter H.
	BCW1 BEN MO	Enter the next system month (MMYY).
	BCW1 EXT MED	Enter the number of months Medicaid is to be extended (the number of months remaining in the transitional period).

WORKER-INITIATED ACTIONS**Transitional Medicaid**

Revised November 3, 2006

Iowa Department of Human Services

Title 14 Management Information**Chapter B(7)** FMAP-Related Medicaid Case Actions

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Reopening to Transitional Medicaid for Four or Fewer Months	TD05 MED ENTRY RSN	Note: If the number entered in EXT MED is 1, 2, 3, or 4, the system regards the entry as extended Medicaid. Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED RSN1	Enter 000. Send a manually issued notice.
	TD05 MED POS DT	Enter the first day of the transitional Medicaid period, in MMDDYY format.
Household Reapplies for FMAP		If the system denies the FMAP application, make the following entries after that denial has updated:
	TD01 AID	Enter the transitional Medicaid aid type. See 14-B-Appendix, TD01 AID and TD01 MED AID , for valid codes.
	TD01 MED AID	
	TD01 AID CHG DT	Enter the next system month.
	TD01 MED CHG DT	
	TD05 MED ENTRY RSN	Enter C.
	TD05 MED STATUS	Enter C.
	TD05 MED POS DT	Enter the first day of the next system month.
	TD03 ENTRY RSN	Enter C.
	TD03 MED ST	Enter C.
	TD03 FUND	Enter A or C.
	BCW1 EXT MED	Enter remaining transitional Medicaid months. Count TD05 POS DT month as the first remaining month.
	BCW1 BEN MO	Enter the transitional Medicaid month in MMY format.

ACTION	SCREEN FIELDS USED	INSTRUCTIONS
Household Becomes Eligible for Another Coverage Group		When a transitional Medicaid household applies for a new coverage group, enter income in the next system's month BCW2. Note: If there is no income, enter zeros. These entries are required to force an eligibility determination.
	TD01 MED AID	Change to the new aid type.
	TD01 MED AID CHG	Enter the date of the next system month.
	RSCM BCW2	If there are countable resources, enter the next system's month RSCM. Enter income or enter zeros.
Work Transition Period (WTP)	LF01	There are no fields on ABC screens for the establishment or tracking of a Medicaid WTP. The worker must establish eligibility for a WTP and track the WTP months. It is suggested that you use the tickler system to assist in the tracking the WTP months. Enter a tickler with a due date of the end of the third month of the four-month period.

SYSTEM-INITIATED ACTIONS**Automatic Aid Type Changes**

Revised October 6, 2006

Iowa Department of Human Services

Title 14 Management Information

Chapter B(7) FMAP-Related Medicaid Case Actions**SYSTEM-INITIATED ACTIONS**

ACTION	EXPLANATION
Automatic Aid Type Changes	<p>When FMAP closes and Transitional Medicaid or Extended Medicaid applies, the system changes aid types as follows:</p> <p>30-8 Change to 37-0.</p> <p>When RMA closes and extended Medicaid applies, the system changes aid types as follows:</p> <p>06-0 Change to 37-0.</p> <p>06-1</p>
Automatic Changes to Cases	
COLA Changes	Income that has been changed by cost-of-living adjustments causes a recalculation and a notice to be sent.
Automatic Program Closings	
Automatic Redetermination	After two months in the automatic redetermination aid type, the system closes Medicaid on the case.
COLA Changes	When the cost-of-living adjustments occur, the revised social security or SSI amount is added to other income on cases with ABC automated calculations for COLA. If this results in ineligibility due to excess income, the program is closed automatically and a notice is sent. If this results in decreased benefits, the change is made and a notice sent.
Failure to Return RRED	If the RRED is not recorded as returned complete by the system-tracked due date, the program is closed and a <i>Notice of Cancellation</i> is sent.

ACTION	EXPLANATION
Failure to Return a Quarterly Report	If the quarterly report is not recorded as returned complete by MRTL cutoff, the system generates a reminder letter, form 470-2716, to the client saying the report form must be returned by the twenty first day of the month. If no completion code is entered by the system cutoff of that month, Medicaid is canceled either at the end of the first six months, or at the first of the eighth month, or at the first of the eleventh month.
Entry of an I in Report Status Field of MTRL for the RRED	If the RRED is recorded as returned incomplete before the due date of the regular cycle, the system closes the program. The worker sends a <i>notice of cancellation</i> with a request of the information that will make the RRED complete.
Transitional Medicaid	<p>The Transitional Medicaid case is required to quarterly report. The case may be canceled before the end of the transitional period if:</p> <ul style="list-style-type: none"> ◆ The quarterly report is not received. ◆ The specified relative does not have income without good cause. ◆ There are no eligible children on the case. ◆ The case no longer meets eligibility requirements. <p>A notice is issued when the case is converted and again when eligibility ends. Otherwise, at the end of the Transitional Medicaid period, the program is automatically closed. Notice 628 is sent.</p>



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DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

January 23, 2001

GENERAL LETTER NO. 14-B(7)-11

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(7), ***FMAP-RELATED MEDICAID CASE ACTIONS***, Title page, new; Contents (pages 1-3), new; and pages 1 through 76, new.

Summary

Material on the worker-initiated FMAP-related Medicaid case actions and ABC system-initiated FMAP-related Medicaid case actions from Chapter 14-B(10) is converted to new manual format, revised to reflect the current policy and system programming, and renumbered as Chapter 14-B(7).

Effective Date

Upon receipt.

Material Superseded

None. (See General Letter No. 14-B(10)-4.)

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 29, 2001

GENERAL LETTER NO. 14-B(7)-12

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, Contents (pages 1 through 3), revised, pages 4, 8, 9, 15, 16, 17, 20, 21, 22, 30 through 34, 38, 49, 50, 57 through 62, 66, 67, 69, and 70, revised; and pages 34a and 70a, new.

Summary

This chapter is revised to reflect:

- ◆ Automated Benefit Calculation System changes required for TANF data reporting effective May 29, 2001, including:
 - Addition of a case name identification field, CNID, on the TD01 screen and instructions for its use.
 - Addition of new fields CIT and H W B A I N on the TD03 screen and instructions for their use.
 - Removal of the field ETH from the TD03 screen. Ethnic data is incorporated into H W B A I N fields.
- ◆ Addition of instructions for entering a stepparent's earned income on a Transitional Medicaid case. For eligibility to be calculated correctly, these earnings and the diversion for the stepparent's needs must be entered as income and deductions on a BCW2 for a member of the eligible group.
- ◆ Additions and corrections to references.

Effective Date

May 29, 2001

Material Superseded

Remove from Employees' Manual, Title 14, Chapter B(7), Contents (pages 1 through 3), pages 4, 8, 9, 15-17, 20-22, 30-34, 38, 49, 50, 57-62, 66, 67, 69, and 70, all dated January 23, 2001, and destroy them.

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

July 31, 2001

GENERAL LETTER NO. 14-B(7)-13

ISSUED BY: Office of Policy Analysis, Division of Policy and Rule Integration

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, Contents (page 3), revised; pages 43, 44, 61, and 70, revised.

Summary

This chapter is revised to:

- ◆ Add the TD03 screen field MED DIS and entry instructions on pages 43 and 44. This field was omitted from the required fields and instructions.
- ◆ Add the TD03 screen UNB field and entry instructions on page 61. This addition addresses specific information when removing data for an unborn child.
- ◆ Remove the section, "Stepparent's Income on TM Case," under Transitional Medicaid.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 3)	May 29, 2001
43, 44	January 23, 2001
61, 70, 70a	May 29, 2001

Additional Information

Refer questions about this general letter to your regional benefit payment administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

May 14, 2002

GENERAL LETTER NO. 14-B(7)-14

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), ***FMAP-RELATED MEDICAID CASE ACTIONS***, Contents (page 2), revised; and pages 45 through 50, 66, and 67, revised.

Summary

This chapter is revised to:

- ◆ Change the screen fields and the worker instructions for approving Medicaid on foster care and subsidized adoption cases. These changes are made based on system changes in the Automated Benefit Calculation system.
- ◆ Change in organization names due to the Department's restructuring.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 2)	May 29, 2001
45-48	January 23, 2001
49, 50, 66, 67	May 29, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

February 25, 2003

GENERAL LETTER NO. 14-B(7)-15

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, pages 16, 31, 32, 45 through 48, 57, 62, and 67, revised; and pages 48a, and 62a, new.

Summary

The chapter is revised to:

- ◆ Change the instructions for the TD01 CO RES field to indicate that a worker entry is required. The system no longer defaults to the county of the worker number if no entry is made.
- ◆ Change the language for the case actions, "Retroactive Medicaid Eligibility," to indicate that MAC coverage groups are not system-calculated and no BCWs are allowed.
- ◆ Change the language for the case actions, "Foster Care and Subsidized Adoption Medicaid," to reflect current policy and system changes.
- ◆ Correct the case actions, "Automatic Redetermination," by removing the screen fields and instructions, BCW1 AND BCW2. Automatic redetermination aid type, "38-0," is not system-calculated and no BCWs are allowed.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
16, 31, 32	May 29, 2001
45-48	May 14, 2002
57, 62	May 29, 2001
67	May 14, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 20, 2003

GENERAL LETTER NO. 14-B(7)-16

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, Contents (pages 1, 2, and 3), revised; and pages 4, 5, 8, 9, 11 through 15, 22, 23, and 39, revised.

Summary

This chapter is revised to:

- ◆ Add the new PF06 = HIPP REF function key to the TD03 screen. This allows the worker to make an automated referral to the HIPP Referral (HIRF) system.
- ◆ Correct the field name for enhanced services from SERV to SRV to match the system change.
- ◆ Add a new case action for heading, "Applications Processed for FMAP Children When Adults Don't Appear for an Interview."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	May 29, 2001
Contents (page 2)	May 14, 2002
Contents (page 3)	July 31, 2001
4	May 29, 2001
5	January 23, 2001
8, 9	May 29, 2001
11-14	January 23, 2001
15, 22	May 29, 2001
23, 39	January 23, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 25, 2004

GENERAL LETTER NO. 14-B(7)-17

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 2, 3, 4, 5, 17, 32, and 45, revised.

Summary

This chapter is revised to:

- ◆ Update cross-references with the correct chapter name and number.
- ◆ Change all references for Food Stamps to the new name of Food Assistance.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
2, 3	January 23, 2001
4	May 29, 2001
5	May 20, 2003
17	May 29, 2001
32	February 25, 2003
45	February 25, 2003

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 5, 2004

GENERAL LETTER NO. 14-B(7)-18

ISSUED BY: Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, Contents (pages 1, 2, and 3), revised; Contents (page 4), new; pages 11, 14, 15, 22, 23, 24, 34, 34a, 35 through 45, 48a, 49, 50, 51, 55, 56, 57, 62a, 63, 64, 73, 74, and 75, revised; and pages 48b, 48c, 48d, and 62b through 62e, new.

Summary

This chapter is revised to:

- ◆ Add a new section for "Continuously Eligible Pregnant and Postpartum Women."
- ◆ Change a section name from "Adding a Considered Person to an Active Case" to "Making a Considered Person Active on an Ongoing Case."
- ◆ Add a new section under "Entering Income" "Lump Sum Income." Lump sum income entries are not made for Medicaid.
- ◆ Add a new section for "Excluded Persons."
- ◆ Add a new section for "Ineligible Aliens."
- ◆ Add a new section for "Sanctions."
- ◆ Change instructions and move the following sections under the new "Sanctions" section:
 - "Failure to Comply with Third Party Liability."
 - "Failure to Cooperate with Child Support."
 - "Failure to Cooperate with HIPPA."
 - "Failure to Cooperate with Investigation."
 - "Failure to Cooperate with Quality Control."
 - "Household Becomes Eligible for Another Coverage Group."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1-3)	May 20, 2003
11, 14, 15, 22, 23	May 20, 2003
24	January 23, 2001
34, 34a	May 29, 2001
35-37	January 23, 2001
38	May 29, 2001
39	May 20, 2003
40-42	January 23, 2001
43, 44	July 31, 2001
45	May 25, 2004
48a	February 25, 2003
49, 50	May 14, 2002
51, 55, 56	January 23, 2001
57, 62a	February 25, 2003
63, 64, 73-75	January 23, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 24, 2004

GENERAL LETTER NO. 14-B(7)-19

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 7, 10, 23, 55, 58, and 63, revised.

Summary

This chapter is revised to:

- ◆ Correct cross-references.
- ◆ Add the new TD03 UNB/DUE field and instructions for the following sections:
 - "Adding a Person to a Case for an Active Program"
 - "Approving an Application"
 - "Newborn Children of Medicaid-Eligible Mothers"
 - "Postpartum Period"
- ◆ Add a note to the instructions on lifting a sanction that no entry is needed for a person who will have a considered person FUND code of "S."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
7, 10	January 23, 2001
23, 55	November 5, 2004
58	May 29, 2001
63	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 25, 2005

GENERAL LETTER NO. 14-B(7)-20

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 10 through 14, 21, 22, 61, 62, 73, and 74, revised.

Summary

This chapter is revised to:

- ◆ Add the TD03 INHOME field and language to the following sections:
 - "Adding a Person to a Case for an Active Program,"
 - "Approving an Application," and
 - "Reinstating Eligibility."
- ◆ Change the system name in the "Vehicle Data" section from "VRHQ system" to "VRT system."

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
10	December 24, 2004
11	November 5, 2004
12, 13	May 30, 2003
14	November 5, 2004
21	May 29, 2001
22	November 5, 2004
61	July 31, 2001
62	February 25, 2003
73, 74	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 22, 2005

GENERAL LETTER NO. 14-B(7)-21

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), ***FMAP-RELATED MEDICAID CASE ACTIONS***, pages 3, 4, 8, 9, 21 through 25, 51, 52, 64, 65, and 66, revised.

Summary

Chapter 14-B(7) is revised to:

- ◆ Add language to the section, "Other Resources Available," to reflect the Internet access to Vehicle Registration & Titling (VRT) screens.
- ◆ Add the new religious beliefs (RB) indicator field and instructions to screens TD03 and ST01. The RB field is to be entered when a person's social security number is all zeroes.
- ◆ Add a note to the section, "Making A Considered Person Active on an Ongoing Case," for MAC only cases.
- ◆ Change the language to match other case action chapters for the section, "State ID Numbers."
- ◆ Remove code for entrepreneurial training from the instructions for the BCW2 SR field.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
3, 4	May 25, 2004
8, 9	May 20, 2003
21, 22	February 25, 2005
23	December 24, 2004

24	November 5, 2004
25	January 23, 2001
51	November 5, 2004
52	January 23, 2001
64	November 5, 2004
65	January 23, 2001
66	May 14, 2002

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 24, 2005

GENERAL LETTER NO. 14-B(7)-22

ISSUED BY: Office of Policy

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, Contents (page 1), revised; and pages 31, 32, and 33, revised.

Summary

This chapter is revised to change language and fields under the section, "Canceling Ongoing Eligibility: Due to Death."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	November 5, 2004
31	February 25, 2003
32	May 25, 2004
33	May 29, 2001

Additional Information

Refer questions about this general letter to your area income maintenance supervisor 2.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 21, 2006

GENERAL LETTER NO. 14-B(7)-23

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 4 and 34a, revised.

Summary

This chapter is revised to:

- ◆ Change the name of the audio-response system from REVS to the current name of "Eligibility Verification System" (ELVS).
- ◆ Add the new TD03 DSTR field to the section, "WORKER-INITIATED ACTIONS," for demographic information. Also, field names in the demographic information are changed to reflect the current system.
- ◆ Change the language under the section, "Case Numbering." Effective February 23, 2006, the ABC system no longer deletes case numbers that have been canceled or denied for all programs for two years.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
4	April 22, 2005
34a	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

October 6, 2006

GENERAL LETTER NO. 14-B(7)-24

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, Contents (pages 2 and 4), revised; pages 1 through 4, 7 through 13, 15 through 20, 27, 28, 34, 35, 36, 39, 40, 45 through 48, 48a, 48b, 48b, 49, 51, 52, 55, 57, 58, 71, 73, 74, and 75, revised.

Summary

This chapter is revised to:

- ◆ Add the new FMAP-related coverage group Medicaid for Independent Young Adults (MIYA) to the list in the "OVERVIEW" section.
- ◆ Remove the section, "Vehicle Data," and references to the Child Care Assistance System, SCCA=CCA, and the Iowa Department of Transportation vehicle registration records option, AUTO=Motor Vehicle Resources. These resources are no longer available to be used.
- ◆ Add the new US and ID fields to the list of demographic information that may need to be checked for making entries on the TD03 screen. These fields are used to indicate that citizenship and identity have been verified. The fields in this list have been arranged to reflect the current TD03 screen.
- ◆ Change field names and locations to reflect the current system throughout the entire chapter.
- ◆ Change the language under the section, "Case Numbering," to indicate that an FBU of 17 is to be used only for Medicaid for independent young adults (MIYA) cases.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 2 and 4)	November 5, 2004
1	January 23, 2001
2	May 25, 2004
3	April 22, 2006
4	April 21, 2006
7	December 24, 2004
8, 9	April 22, 2005
10-13	February 25, 2005
15	November 5, 2004
16	February 25, 2003
17	May 25, 2004
18, 19	January 23, 2001
20	May 29, 2001
27	January 23, 2001
34-36, 39, 40, 45	November 5, 2004
46-48	February 25, 2003
48a, 48b, 48d	November 5, 2004
49	November 5, 2004
51, 52	April 22, 2005
55	December 24, 2004
57	November 5, 2004
58	December 24, 2004
71	January 23, 2001
73, 74	February 25, 2005
75	November 5, 2005
76	January 23, 2001

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 3, 2006

GENERAL LETTER NO. 14-B(7)-25

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), ***FMAP-RELATED MEDICAID CASE ACTIONS***, pages 13, 24, 25, 41, 62a through 62d, 70, 71 and 72, revised.

Summary

This chapter is revised to:

- ◆ Add the new THRU MO field and instructions to applicable BCW1 and BCW2 case actions. This field allows the option to create multiple identical income transactions.
- ◆ Change instructions under the section, "Transitional Medicaid," to reflect current system changes.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
13	October 6, 2006
24, 25	April 22, 2005
41, 62a-62d	November 5, 2004
70	July 31, 2001
71	October 6, 2006
72	January 23, 2001

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

February 23, 2007

GENERAL LETTER NO. 14-B(7)-26

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, Contents (page 4), revised; pages 2, 3, 4, 13, 14, 28, 29, 31, 32, 43, and 67 through 71, revised.

Summary

This chapter is revised to:

- ◆ Remove the reference to the state warrant system from the section, "Other Resources Available." Effective January 2, 2007, the IVER screen menu on the TD00 screen of the Automated Benefit Calculation system no longer displays the option "WRNT=Warrant."
- ◆ Remove the reference to the JOBS, PJ Expenses, and the cross-reference to 14-B(4). The PJ Case system will now provide this information.
- ◆ Add the ENTRY RSN and EXT MED BCW1 fields and instructions to the section, "WORKER-INITIATED ACTIONS: Automatic Redetermination."
- ◆ Add the TD03 POV field and instructions to the section, "WORKER-INITIATED ACTIONS: Transitional Medicaid."
- ◆ Change a section name and instructions under "Transitional Medicaid" from "Reinstating" to "Good Cause" for clarity.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	October 6, 2006
2-4	October 6, 2006
13	November 3, 2006

14	November 25, 2005
28	October 6, 2006
29	January 23, 2001
31	October 6, 2006
32	June 24, 2005
43	November 5, 2004
67	February 25, 2003
68	January 23, 2001
69	May 29, 2001
70, 71	November 3, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 6, 2007

GENERAL LETTER NO. 14-B(7)-27

ISSUED BY: Office of Policy Analysis

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 53 and 71, revised.

Summary

This chapter is revised to:

- ◆ Add the TD06 FED ADT field and instructions to the section, "Medical Transportation: Approval."
- ◆ Add the TD03 POV field and instructions to the section, "Transitional Medicaid: Reopening to Transitional Medicaid."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
53	January 23, 2001
71	February 23, 2007

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 7, 2007

GENERAL LETTER NO. 14-B(7)-28

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(7), ***FMAP-RELATED MEDICAID CASE ACTIONS***, pages 27, 34a, 35, 36, 45, 46, 51 through 54, and 62a, revised.

Summary

This chapter is revised to:

- ◆ Remove the TD03 ID GEN field and instructions under the section, "Approving an Application: Changing Medicaid Start Date."
- ◆ Change language under the section, "Case Numbering: Establishing FBUs."
- ◆ Add the TD03 FACS field and instructions under the section, "Foster Care and Subsidized Adoption Medicaid: Approving the Medicaid Case." Effective August 1, 2007, a new Medicaid coverage group, Medicaid reciprocity for children with out-of-state adoption subsidy, began. This coverage group uses an 18 FBU and a medical aid type of 92-0 and will require entry of an "R" code in the TD03 FACS field.
- ◆ Change language under the section, "Medical Cards," to reflect that Medical cards are no longer replaced through the ABC system.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
27	October 6, 2006
34a, 35	April 21, 2006
36, 45, 46, 51, 52	October 6, 2006
53	April 6, 2002
54	January 22, 2001
62a	November 3, 2006

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 28, 2007

GENERAL LETTER NO. 14-B(7)-29

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 16, 17, 18, 45, and 54, revised.

Summary

This chapter is revised to add the new field AD, "Application Detail" for the TD05 screen and instructions to the following sections:

- ◆ "Approving an Application."
- ◆ "Foster Care and Subsidized Adoption Medicaid: Approving the Medicaid Case."
- ◆ "Newborn Children of Medicaid-Eligible Mothers."

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
16, 17, 18	October 6, 2006
45, 54	September 7, 2007

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 11, 2008

GENERAL LETTER NO. 14-B(7)-30

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(7), **FMAP-RELATED MEDICAID CASE ACTIONS**, Contents (pages 1 and 2), revised; and pages 6, 7, 8, 10, 11, 13 through 17, 19, 35, 36, 38, and 56, revised; and page 38a, new.

Summary

This chapter is revised to:

- ◆ Add language under the instructions in sections, "Adding a Person to a Case for an Active Program" and "Approving an Application," to address the correct coding entries of a "C" entry reason and a "C" status code when handling continuous eligibility for children.
- ◆ Add a new section, "Continuous Eligibility for Children."
- ◆ Change language under the section: "WORKER-INITIATED ACTIONS: Case Numbering: Establishing FBUs."
- ◆ Add language under the instructions section in: "WORKER-INITIATED ACTIONS: Next Review Date: Determining."

Effective Date

July 1, 2008

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 23, 2007
Contents (page 2)	October 6, 2006
6	January 23, 2001
7, 8, 10, 11	October 6, 2006
13, 14	February 23, 2007
15	October 6, 2006

16, 17	December 28, 2007
19	October 6, 2006
35, 36	September 7, 2007
38, 56	November 5, 2004

Additional Information

Refer questions about this general letter to your area income maintenance administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

August 29, 2008

GENERAL LETTER NO. 14-B(7)-31

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 14, Chapter B(7), *FMAP-RELATED MEDICAID CASE ACTIONS*, pages 40 and 67, revised.

Summary

This chapter is revised to:

- ◆ Remove obsolete language under the section, "WORKER-INITIATED ACTIONS: Emergency Medical Services for Aliens."
- ◆ Add a note under the section, "Transitional Medicaid," for clarity.

Effective Date

Immediately.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter B(7), and destroy them:

<u>Page</u>	<u>Date</u>
40	October 6, 2006
67	February 23, 2007

Additional Information

Refer questions about this general letter to your area income maintenance administrator.